

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759206

FILED
Jan 04, 2011
Secretary of State

Entity Name: WINDOVER OF COCOA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

WILLIAM C. SAWYER
115 CARRIGA N BLVD
MERRITT ISLAND, FL 32952

New Principal Place of Business:

WILLIAM C. SAWYER
115 INDIAN RIVER DR. #323
COCOA, FL 32922

Current Mailing Address:

1050 N FISKE BLVD
OFFICE
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-2119717 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MARKLE, JOSEPHINE
1050 N FISKE BLVD
#401
COCOA, FL 32922 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: SAWYER, WILLIAM
Address: 115 INDIAN RIVER DR. #323
City-St-Zip: COCOA, FL 32922

Title: S
Name: SARAVO, LOUIS
Address: 6936 LOG JAM CT.
City-St-Zip: OCOEE, FL 34761

Title: V
Name: MOLITOR, JUDITH
Address: 1171 INDIAN RIVER DR.
City-St-Zip: COCOA, FL 32922

Title: O
Name: DAVIES, RUTH
Address: 1300 ST. ANDREWS
City-St-Zip: ROCKLEDGE, FL 32955

Title: O
Name: PIERCE, DON
Address: 400 MONALOA CT
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D
Name: RUBINO, ELLEN
Address: 949 TAMARIND CIRCLE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM SAWYER

PRES

01/04/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date