

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 759759
1. Entity Name
WINDEMERE SHORES CONDOMINIUM ASSOC., INC.



Principal Place of Business
**2600 OCEAN SHORE BOULEVARD
UNIT 104
ORMOND BEACH FL 32176-2376**

Mailing Address
**2600 OCEAN SHORE BOULEVARD
#212
ORMOND BEACH FL 32176-2376**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2279209** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SARGENT, JOHN W
2600 OCEAN SHORE BOULEVARD
UNIT 301
ORMOND BEACH FL 32176**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title is acceptable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARGENT, JOHN 2600 OCEAN SHORE BLVD. 103 ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000423332 02/18/06-80003-019 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEMENT, AINSLEY 7342 SARIMENTO PL DELRAY BEACH FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD D'ANDREA, FRANK 2600 OCEAN SHORE BLVD, # 308 ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEEKS, PHYLLIS I 2600 OCEAN SHORE BLVD ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, JANICE 2600 OCEAN SHORE BLVD ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *PHYLLIS I. WEEKS* PROD. *Janice Peterson* 2/1/06 201 JUL 8 2006