


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90026 042 ****61.25

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

Principal Place of Business	Mailing Address
2600 OCEAN SHORE BOULEVARD UNIT 104 ORMOND BEACH FL 32176-2376	2600 OCEAN SHORE BOULEVARD #212 ORMOND BEACH FL 32176-2376



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2279209	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

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
DEBORAH KREINEST
Street Address (P.O. Box Number is Not Acceptable)
1100 Ocean Shore Blvd # 12
City
ORMOND BEACH
FL
Zip Code
32176

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 *Deborah E. Kreinest* DATE 4-28-07

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	SARGENT, JOHN
STREET ADDRESS	2600 OCEAN SHORE BLVD. 103
CITY- ST- ZIP	ORMOND BEACH FL 32176
TITLE	SD <input type="checkbox"/> Delete
NAME	CLEMENT, AINSLEY
STREET ADDRESS	7342 SARIMENTO PL
CITY- ST- ZIP	DELRAY BEACH FL 33446
TITLE	VPD <input type="checkbox"/> Delete
NAME	D'ANDREA, FRANK
STREET ADDRESS	2600 OCEAN SHORE BLVD, # 308
CITY- ST- ZIP	ORMOND BEACH FL 32176
TITLE	TD <input type="checkbox"/> Delete
NAME	WEEKS, PHYLLIS I
STREET ADDRESS	2600 OCEAN SHORE BLVD
CITY- ST- ZIP	ORMOND BEACH FL 32176
TITLE	D <input type="checkbox"/> Delete
NAME	PETERSON, JANICE
STREET ADDRESS	2600 OCEAN SHORE BLVD
CITY- ST- ZIP	ORMOND BEACH FL 32176
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM OGLE
STREET ADDRESS	2600 Ocean Shore Blvd # 210
CITY- ST- ZIP	ORMOND, BEACH, FL- 32176
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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: *Frank D'Andrea* FRANK D'Andrea 4/28/07