


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 761892 1. Entity Name WINDWARD PASSAGE RESORT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 418 ESTERO BLVD. FT. MYERS BEACH, FL 33931	Mailing Address P.O. BOX 540669 MERRITT ISLAND, FL 32954
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05042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2356585	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAKACS, JOE 271 CROCKETT BLVD MERRITT ISLAND, FL 32953	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TONEY, ROBERT 2319 LASALLE AVE FT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SINCLAIR, DAVID RR #2 ORTON, ON
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COUSINEAU, CHRIS 7 KENDON ROAD PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOLFE, RAY 1187 MARY LANE MIAMISBURG, OH 45342
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MARTIN, STEWART 265 WARWICK CT NEKOOSA, WI 54457
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000363045
05/05/05-80142-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date _____ Daytime Phone # _____