

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2006 8:00 am**  
**Secretary of State**

05-31-2006 90009 010 \*\*\*\*61.25

**DOCUMENT # 761892**

1. Entity Name  
**WINDWARD PASSAGE RESORT CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**418 ESTERO BLVD.  
FT. MYERS BEACH, FL 33931**

Mailing Address  
**P.O. BOX 540669  
MERRITT ISLAND, FL 32954**

**50020041**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05242006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**59-2356585**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAKACS, JOE  
271 CROCKETT BLVD  
MERRITT ISLAND, FL 32953**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 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 **D** ☐ Delete  
NAME **TONEY, ROBERT**  
STREET ADDRESS **2319 LASALLE AVE**  
CITY-ST-ZIP **FT MYERS, FL 33907**

TITLE **T/S** ☒ Change ☐ Addition  
NAME **Toney Robert**  
STREET ADDRESS **14840 Lake Olive Dr.**  
CITY-ST-ZIP **Fort Myers FL 32919**

TITLE **V** ☐ Delete  
NAME **SINCLAIR, DAVID**  
STREET ADDRESS **RR #2**  
CITY-ST-ZIP **ORTON, ON**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **COUSINEAU, CHRIS**  
STREET ADDRESS **7 KENDON ROAD**  
CITY-ST-ZIP **PITTSFORD, NY 14534**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **WOLFE, RAY**  
STREET ADDRESS **1187 MARY LANE**  
CITY-ST-ZIP **MIAMISBURG, OH 45342**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **ST** ☐ Delete  
NAME **MARTIN, STEWART**  
STREET ADDRESS **265 WARWICK CT**  
CITY-ST-ZIP **NEKOOSA, WI 54457**

TITLE **D** ☒ Change ☐ Addition  
NAME **Martin, Stewart**  
STREET ADDRESS **265 Warwick Ct**  
CITY-ST-ZIP **Nekoosa WI 54457**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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:

*Ray Wolfe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-23-06**  
Date

**239-463-1194**  
Daytime Phone #