
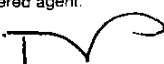
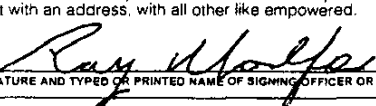


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

04-30-2007 90839 037 ****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						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	4. FEI Number 59-2356585				
				Applied For Not Applicable				
				5. Certificate of Status Desired <input type="checkbox"/> \$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 ROBERT PRICE					
			Street Address (P.O. Box Number is Not Acceptable)			271 CROCKETT BLVD		
			City			MERRITT ISLAND FL		
			Zip Code			32953		
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 				DATE 06-06-07				
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 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								
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	TS	<input type="checkbox"/> Delete	TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TONEY, ROBERT		NAME	TONEY, ROBERT				
STREET ADDRESS	14840 LAKE OLIVE DR		STREET ADDRESS	418 ESTERO BLVD				
CITY - ST - ZIP	FORT MYERS, FL 33919		CITY - ST - ZIP	FT MYERS BCH, FL 33931				
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SINCLAIR, DAVID		NAME	SINCLAIR, DAVID				
STREET ADDRESS	RR #2		STREET ADDRESS	418 ESTERO BLVD				
CITY - ST - ZIP	ORTON, ON		CITY - ST - ZIP	FT MYERS BCH, FL 33931				
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COUSINEAU, CHRIS		NAME	COUSINEAU, CHRIS				
STREET ADDRESS	7 KENDON ROAD		STREET ADDRESS	418 ESTERO BLVD				
CITY - ST - ZIP	PITTSFORD, NY 14534		CITY - ST - ZIP	FT MYERS BCH, FL 33931				
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WOLFE, RAY		NAME	WOLFE, RAY				
STREET ADDRESS	1187 MARY LANE		STREET ADDRESS	418 ESTERO BLVD				
CITY - ST - ZIP	MIAMISBURG, OH 45342		CITY - ST - ZIP	FT MYERS BCH, FL 33931				
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MARTIN, STEWART		NAME	MARTIN, STEWART				
STREET ADDRESS	265 WARWICK CT		STREET ADDRESS	418 ESTERO BLVD				
CITY - ST - ZIP	NEKOOSA, WI 54457		CITY - ST - ZIP	FT MYERS BCH, FL 33931				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY - ST - ZIP			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: 				DATE 06-06-07				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE Daytime Phone #				