


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90114 032 ****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		03122008 Chg-NP CR2E037 (12/06)
4. FEI Number 59-2356585				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, ROBERT 271 CROCKETT BLVD MERRITT ISLAND, FL 32953			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	TS TONEY, ROBERT 418 ESTERO BLVD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TONEY, ROBERT 418 ESTERO BLVD FORT MYERS BEACH, FL 33931
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINCLAIR, DAVID 418 ESTERO BLVD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SINCLAIR, DAVID 418 ESTERO BLVD FORT MYERS BEACH, FL 33931
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COUSINIAU, CHRIS 418 ESTERO BLVD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COUSINEAU, CHRIS 418 ESTERO BLVD FORT MYERS BEACH, FL 33931
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WOLFE, RAY 418 ESTERO BLVD FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFE, RAY 418 ESTERO BLVD FORT MYERS BEACH, FL 33931
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, STEWART 418 ESTERO BLVD FORT MYERS BEACH, FL 33931	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEETER, DAVID 418 ESTERO BLVD FORT MYERS BEACH, FL 33931
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <i>Robert Toney</i> Robert Toney <i>3/26/08</i> 2-1-694-0089					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					