2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 761892

Entity Name: WINDWARD PASSAGE RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

418 ESTERO BLVD.
FT. MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 540669
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-2356585 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRICE, ROBERT
271 CROCKETT BLVD
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: TONEY, ROBERT
Address: 418 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: STD ( ) Delete
Name: SINCLAIR, DAVID
Address: 418 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: PD ( ) Delete
Name: COUSINIAU, CHRIS
Address: 418 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D ( ) Delete
Name: WOLFE, RAY
Address: 418 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: D ( ) Delete
Name: WEETER, DAVID
Address: 418 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: TONEY, ROBERT
Address: 418 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: COUSINEAU, CHRIS
Address: 418 ESTERO BLVD
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID SINCLAIR STD 04/27/2009
Electronic Signature of Signing Officer or Director — Date