2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #768325

Entity Name
 WINDCHASE BAY CONDOMINIUM ASSOCIATION, INC.



FILED Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90818 017 ****61.25

			(C)	<u></u>					
3298 SUMMIT BLVD. 329 Suite 4 Suit		Mading Address 3298 SUMMIT BLVD, SUITE 4 PENSACOLA, FL 32503							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112007	Chg-NP	CR2E037	(12/06)		
City & State		City & State		4. FEI Number 59-23563	362			plied For t Applicable	
Zip	Country	Zip C	Country	5. Certificate of	Status Desired	□ \$	8.75 Add se Require	fitional d	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New R	legistered Ag	ent		
			Name	 					
ETHERIDGE, RAY O 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
			City	•••		FL	Zip Code	e	
	named entity submits this statement for tions of registered agent.	or the purpose of changing its regis	stered office or regis	stered agent, or both,	in the State of Fig	orida. Tam 18r	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and trie if applicable. (NOTE: Regis	stered Agoni signeture rock	used when reinstating)		DATE			
SIGNATORE -	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	and trie if applicable. (NOTE: Regs 9. Election Campaig Trust Fund Contril	gn Financing	\$5.00 May Be Added to Fees		OATE lake check j rida Departn	•		
***	Filing Fee is \$61.25	Election Campaig Trust Fund Contril	gn Financing	\$5.00 May Be	Flor	lake check j ida Departn	nent of St	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZP	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI TD AMENTLER, JOHN 7985 LANCELOT DRIVE	9. Election Campaig Trust Fund Contril RECTORS 1	gn Financing ibution.	\$5.00 May Be Added to Fees	Flor	lake check j rida Departn RS AND DIRE	nent of St	tate	
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12. Thereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZP

SIGNATURE:

NAME

CITY-ST-ZIP

RICHARDSON, LARRY

PENSACOLA, FL 32503

STREET ADDRESS 2299 SCENIC HWY M-4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/07 & 50-434-35% (
Design Phone #