

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90027 046 ****61.25

DOCUMENT # 768325					
1. Entity Name WINDCHASE BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503			Mailing Address 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503		
2. Principal Place of Business - No P.O. Box # 908 GARDENGATE CIR		3. Mailing Address 908 GARDENGATE CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State PENSACOLA, FL 32504			
Zip 32504		Country USA		4. FEI Number 59-2356362	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ETHERIDGE, RAY O 3298 SUMMIT BLVD. SUITE 4 PENSACOLA, FL 32503			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 908 GARDENGATE CIR City <u>PENSACOLA</u> <u>FL</u> Zip Code <u>32504</u>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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	TD AMENTLER, JOHN 7985 LANCELOT DRIVE PENSACOLA, FL 32514	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FONTAINE, FLEUREITE 2299 SCENIC HWY L-3 PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURRY, KEN 2299 JEEENIE HWY D-6 PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RINGWALD, BECKY 2299 SCENIC HWY K-11 PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JIM 2299 SCENIC HWY G-4 PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, LARRY 2299 SCENIC HWY M-4 PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crumpton, CHARLES 2299 SCENIC HWY E-7 PENSACOLA, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Ken Curry</u> <u>4/20/08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					