

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769200

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: POINTE WINDWARD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

326 WINDRUSH BOULEVARD, #12  
INDIAN ROCKS BEACH, FL 34635

**New Principal Place of Business:**

326 WINDRUSH BOULEVARD  
INDIAN ROCKS BEACH, FL 34635

**Current Mailing Address:**

326 WINDRUSH BLVD  
INDIAN ROCKS BEACH, FL 34635 US

**New Mailing Address:**

FEI Number: 59-3038459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REARDON, DENNIS  
326 WINDRUSH BLVD.  
3A  
INDIAN ROCKS BCH, FL 33785 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: PD ( ) Delete  
Name: REARDON, DENNIS F  
Address: 326 WINDRUSH BLVD 3-A  
City-St-Zip: INDIAN ROCKS BCH, FL

Title: SD ( ) Delete  
Name: MCCABE, JAMES  
Address: 326 WINDRUSH BLVD., 10A  
City-St-Zip: INDIAN ROCKS BCH, FL 33785

Title: M ( ) Delete  
Name: LEHMAN-LYNN, JODY  
Address: 326 WINDRUSH BLVD 11B  
City-St-Zip: INDIAN ROCKS BCH, FL

Title: VTD ( ) Delete  
Name: HOWE, DAVID  
Address: 326 WINDRUSH BLVD 4A  
City-St-Zip: INDIAN ROCKS BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: SCARMINACH, MICHAEL  
Address: 326 WINDRUSH BLVD., 10B  
City-St-Zip: INDIAN ROCKS BCH, FL 33785

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 for the exemption stated in Section 119.07(3)(i), 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: JODY LEHMAN-LYNN

M

04/18/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date