

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2008
Secretary of State**

DOCUMENT# 769200

Entity Name: POINTE WINDWARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

326 WINDRUSH BOULEVARD
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

326 WINDRUSH BLVD
INDIAN ROCKS BEACH, FL 33785 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 33785

Title: SD () Delete
Name: SCARMINACH, MICHAEL
Address: 326 WINDRUSH BLVD., 10B
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 33785

Title: VTD () Delete
Name: KENNERLY, JIM
Address: 326 WINDRUSH BLVD 2A
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JODY LEHMAN-LYNN

M

03/24/2008

Electronic Signature of Signing Officer or Director

Date