

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90051 019 \*\*\*\*61.25

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04082005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # 769262</b>					
1. Entity Name WINDY COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 84750 OVERSEAS HWY ISLAMORADA, FL 33036 US			Mailing Address 91551 OVERSEAS HWY TAVERNIER, FL 33070 US		
2. Principal Place of Business			3. Mailing Address <b>PO Box 1040</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>TAVERNIER FL</b>		
Zip		Country		Zip	
				<b>33070 FL</b>	
4. FEI Number <b>65-0414688</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  VASKO, JOAN E. 91551 OVERSEAS HWY TAVERNIER, FL 33070			7. Name and Address of New Registered Agent Name <b>Ralph Knight III</b> Street Address (P.O. Box Number is Not Acceptable) <b>84731 Old Highway</b> <b>Unit 2</b> City <b>Islamorada</b> <b>FL</b> Zip Code <b>33036</b>		
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		<b>Ralph Knight III</b>		DATE <b>4-11-05</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	D	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, MICHAEL		NAME		
STREET ADDRESS	919 STATE STREET		STREET ADDRESS		
CITY-ST-ZIP	PEATH AMBOY, NJ 08861		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, ROBERT		NAME		
STREET ADDRESS	PO BOX 5 N/A		STREET ADDRESS		
CITY-ST-ZIP	CREST PARK, CA		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, RALPH III		NAME	<b>Ralph Knight III</b>	
STREET ADDRESS	PO BOX 38 N/A		STREET ADDRESS	<b>PO Box 1783</b>	
CITY-ST-ZIP	WHITE RIVER JUNCTION, VT		CITY-ST-ZIP	<b>Islamorada FL 33036</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERTSON, DAN		NAME		
STREET ADDRESS	1270 STETLANE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MILFORD, MI		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRIFIELD, DARRELL		NAME		
STREET ADDRESS	224 SOUTH MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	ELK CITY, OK		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VASKO, JOAN E		NAME	<b>JOAN E Vasko</b>	
STREET ADDRESS	91551 OVERSEAS HWY		STREET ADDRESS	<b>PO Box 1040</b>	
CITY-ST-ZIP	TAVERNIER, FL 33070		CITY-ST-ZIP	<b>TAVERNIER FL 33070</b>	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Ralph M Knight III 3rd President</b> Date <b>4/11/05</b>			