

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769262**

1. Entity Name  
**WINDY COVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**84750 OVERSEAS HWY  
ISLAMORADA, FL 33036 US**

Mailing Address  
**P O BOX 7807  
AMARILLO, TX 79114 US**



02152007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0414688**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KNIGHT III, RALPH  
84731  
UNIT 2  
ISLAMORADA, FL 33036**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DS
NAME	WATTS, MICHAEL
STREET ADDRESS	919 STATE STREET
CITY-ST-ZIP	PEATH AMBOY, NJ 08861
TITLE	T
NAME	VASKO, JOAN E
STREET ADDRESS	P O BOX 7807
CITY-ST-ZIP	AMARILLO, TX 79114
TITLE	DP
NAME	KNIGHT, RALPH M III
STREET ADDRESS	PO BOX 1783
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	D
NAME	CULBERTSON, DAN
STREET ADDRESS	1270 STETLANE DRIVE
CITY-ST-ZIP	MILFORD, MI
TITLE	DVP
NAME	MERRRIFIELD, DARRELL
STREET ADDRESS	224 SOUTH MAIN ST
CITY-ST-ZIP	ELK CITY, OK
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000642226  
03/01/07-80033-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joan E. Vasko Treasurer* 2/15/07 305-852  
3323