2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #769262

1. Entity Name
WINDY COVE CONDOMINIUM ASSOCIATION, INC.



FILED Apr 22, 2008 8:00 am Secretary of State

04-22-2008 90029 002 ****61.25

VIIIVO	SOVE COMBONINTON AC		ION, INC.								
84750 OVE	ce of Business RSEAS HWY - A, FL 33036 US	POE	g Address 30X 7807 RILLO, TX 79114	US			1 188111 1881	. 61116 16116 11616 WIFE	i irās āveit bibli es		(B))(B)
2. Principal f	Place of Business - No P.O. Box #	3. Mail	ing Address								
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Suite, Apt	. #, etc.	Sui	ite, Apt. #, etc.				04102008	Chg-NP	CR2E0	37 (12/06)	
City & Sta	te	Cit	y & State	-			4. FEI Numbe 65-041				Applied For
Zip	Country	Zip	,	Cou	intry		5. Certificate	of Status Desired	j 🗆	\$8.75 Ad	
	6. Name and Address of Curre	nt Registere	d Agent				7. Name and	Address of Nev	v Registered		
KNIGHT III, RALPH			Ni			е					
84731 UNIT 2				Street A	reet Address (P.O. Box Number is Not Acceptable)						
	ADA, FL 33036										
					City				FL	Zip Coo	de
8. The above	named entity submits this statemen	t for the purpo	ose of changing its r	egistere	ed office or	r registere	ed agent, or bot	h, in the State of		familiar with	, and accept
the obligat	tions of registered agent.										
CICNATURE											
SIGNATURE	Signature, typed or printed name of registered ag	gent and title it appl	licable. (NOTE:	Registered	Agent signati	ure required	when reinstating)		DATE		
SIGNATURE		gent and title it appl						P. Talmore	30 3 (MINE)		
SIGNATURE	Signature, typed or printed name of registered agreement of the state	gent and title if appl	9. Election Cam Trust Fund Co	paign Fi	inancing		\$5.00 May B Added to Fees	e F		k payable tment of S	to 🚁 🏰 🕌
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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