

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

**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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0414688**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete  
NAME **WATTS, MICHAEL**  
STREET ADDRESS **919 STATE STREET**  
CITY-ST-ZIP **PEATH AMBOY, NJ 08861**

TITLE **T** ☐ Delete  
NAME **VASKO, JOAN E**  
STREET ADDRESS **P O BOX 7807**  
CITY-ST-ZIP **AMARILLO, TX 79114**

TITLE **DP** ☐ Delete  
NAME **KNIGHT, RALPH M III**  
STREET ADDRESS **PO BOX 1783**  
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE **D** ☐ Delete  
NAME **CULBERTSON, DAN**  
STREET ADDRESS **1270 STETLANE DRIVE**  
CITY-ST-ZIP **MILFORD, MI**

TITLE **DVP** ☐ Delete  
NAME **MERRIFIELD, DARRELL**  
STREET ADDRESS **224 SOUTH MAIN ST**  
CITY-ST-ZIP **ELK CITY, OK**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **96 SO. MAIN STREET**  
CITY-ST-ZIP **MILLTOWN, NJ 08850**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **PO BOX 364**  
CITY-ST-ZIP **ISLAMORADA FL 33036-0364**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **73644**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Joan E Vasko Treasurer* 4/18/08 (365) 852-3323

Date

Daytime Phone #