

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769262

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

84750 OVERSEAS HWY  
ISLAMORADA, FL 33036 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7807  
AMARILLO, TX 79114 US

**New Mailing Address:**

**FEI Number:** 65-0414688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KNIGHT III, RALPH  
84731  
UNIT 2  
ISLAMORADA, FL 33036 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:** DS  
**Name:** WATTS, MICHAEL  
**Address:** 96 SO. MAIN STREET  
**City-St-Zip:** MILLTOWN, NJ 08850

**Title:** T  
**Name:** VASKO, JOAN E  
**Address:** P O BOX 7807  
**City-St-Zip:** AMARILLO, TX 79114 US

**Title:** DP  
**Name:** KNIGHT, RALPH M III  
**Address:** PO BOX 1783  
**City-St-Zip:** ISLAMORADA, FL 33036

**Title:** D  
**Name:** CULBERTSON, DAN  
**Address:** PO BOX 364  
**City-St-Zip:** ISLAMORADA, FL 33036

**Title:** DVP  
**Name:** MERRIFIELD, DARRELL  
**Address:** 224 SOUTH MAIN ST  
**City-St-Zip:** ELK CITY, OK

I hereby 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 all other like empowered.

**SIGNATURE:** JOAN E VASKO

TRSR

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date