


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90028 045 ****61.25

DOCUMENT # 770572 1. Entity Name LAKE WINDWOOD CONDOMINIUM I ASSOCIATION, INC.					
Principal Place of Business 2600 GREENWOOD TERR. BOCA RATON, FL 33431			Mailing Address 2600 GREENWOOD TERR. BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2390511	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GELFAND, MICHAEL J GELFAND AND ARPE, P.A. 260 SOUTH AUSTRALIAN AVENUE, SUITE #1010 BOCA RATON, FL 33431			Name Street Address (P.O. Box Number is Not Acceptable) 1955 Palm Beach Lakes Blvd, Ste 1220 City West Palm Beach FL Zip Code 33401		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHWAB, LISA		NAME		
STREET ADDRESS	2600 GREENWOOD TERRACE OFFICE		STREET ADDRESS	2600 Greenwood Terr. #G-212	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HODSON, LYNDA		NAME		
STREET ADDRESS	2600 GREENWOOD TERRACE #G-112		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAAVERSEN, HORTENSIA		NAME		
STREET ADDRESS	2600 GREENWOOD TERRACE #G-113		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Michael Schwab</i></u> <u><i>Lisa A. Schwab</i></u> <u><i>2/15/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	<small>Daytime Phone #</small>