


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90028 049 ****61.25

DOCUMENT # 770967					
1. Entity Name WINDS OF PARADISE OWNERS ASSOCIATION, INC.					
Principal Place of Business A-1-A AND BEACH ST. INDIALANTIC FL 32903		Mailing Address P.O. BOX 3882 INDIALANTIC FL 32903			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2503271	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent CERCONE, JUSTIN 2089 SEAWIND COURT INDIALANTIC FL 32903			7. Name and Address of New Registered Agent 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 <i>Justin Cercone, Pres. 3/4/08</i>		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			
FILE NOW: FEE IS \$61.25 Due By May 1, 2008					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERCONE, JUSTIN 2089 SEAWIND CT INDIALANTIC FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JAMES EUBANKS 1548 BEACHSIDE LN. INDIALANTIC, FL 32903.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHWENDEMAN, GREGORY 1250 BEACHSIDE LN INDIALANTIC FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BARBARA MARRIN 2089 SEAWIND CT. INDIALANTIC, FL 32903.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENES, PATRICIA 2085 SEAWIND CT INDIALANTIC FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELUCA, RALPH 1246 BEACHSIDE LANE INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENES, PATRICIA 2085 SEAWINDS CT INDIALANTIC FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELUCA, RALPH 1245 BEACHSIDE LN INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer like empowered.

SIGNATURE: *Ralph Deluca* 3/4/08 321-779-8600