

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770967

FILED
Jan 15, 2009
Secretary of State

Entity Name: WINDS OF PARADISE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

A-1-A AND BEACH ST.
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3882
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 59-2503271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERCONE, JUSTIN
2089 SEAWIND COURT
INDIALANTIC, FL 32903 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: P () Delete
Name: CERCONE, JUSTIN
Address: 2089 SEAWIND CT
City-St-Zip: INDIALANTIC, FL 32903

Title: V () Delete
Name: SCHWENDEMAN, GREGORY
Address: 1250 BEACHSIDE LN
City-St-Zip: INDIALANTIC, FL 32903

Title: T () Delete
Name: DENES, PATRICIA
Address: 2085 SEAWIND CT
City-St-Zip: INDIALANTIC, FL 32903

Title: S () Delete
Name: EUBANKS, JAMES
Address: 1248 BEACHSIDE LN
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: MURRIN, BARBARA
Address: 2078 SEAWIND CT
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA DENES

T

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date