

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770967

FILED
Feb 10, 2011
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:

SCHWENDEMAN, GREGORY
1250 BEACHSIDE LANE
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
Name: SCHWENDEMAN, GREGORY
Address: 1250 BEACHSIDE LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: V
Name: CERCONE, JUSTIN
Address: 2087 SEWIND COURT
City-St-Zip: INDIALANTIC, FL 32903

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

Title: S
Name: MURREN, BARBARA
Address: 2078 SEAWIND COURT
City-St-Zip: INDIALANTIC, FL 32903

Title: D
Name: EUBANKS, JAMES
Address: 1248 BEACHSIDE LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: D
Name: MATSEY, LYNN
Address: 2080 SEAWIND COURT
City-St-Zip: INDIALANTIC, FL 32903

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: PATRICIA DENES

TREA

02/10/2011

Electronic Signature of Signing Officer or Director

Date