2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# G52424

Entity Name: WINDWARD ISLE HOMEOWNERS, INC.

Current Principal Place of Business:

1 CATAMARAN DR.
SARASOTA, FL 34233

New Principal Place of Business:

1 CATAMARAN DR.
SARASOTA, FL 34233 US

Current Mailing Address:

1 CATAMARAN DR.
SARASOTA, FL 34233

New Mailing Address:

1 CATAMARAN DR.
SARASOTA, FL 34233 US

FEI Number: 59-2286025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINCE, DEAN
205 FREEPORT DR
SARASOTA, FL 34233 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: WIEDER, PAUL
Address: 401 BERRY DR
City-St-Zip: SARASOTA, FL

Title: S ( ) Delete
Name: WILLOUGHBY, BETTY
Address: 241 FREEPORT DR
City-St-Zip: SARASOTA, FL

Title: T ( ) Delete
Name: WINCE, DEAN
Address: 205 FREEPORT DR
City-St-Zip: SARASOTA, FL

Title: P ( ) Delete
Name: BUECHELE, NEAL
Address: 320 ANDROS DRIVE
City-St-Zip: SARASOTA, FL

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN WINCE T 02/06/2007
Electronic Signature of Signing Officer or Director Date