

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G52424

FILED  
Apr 06, 2008  
Secretary of State

Entity Name: WINDWARD ISLE HOMEOWNERS, INC.

**Current Principal Place of Business:**

1 CATAMARAN DR.  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 CATAMARAN DR.  
SARASOTA, FL 34233 US

**New Mailing Address:**

FEI Number: 59-2350713      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: 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: WOZNIAK, WILLIAM  
Address: 257 FREEPORT DRIVE  
City-St-Zip: SARASOTA, FL 34233

Title: VP ( ) Delete  
Name: CALLICOAT, VIRGIL  
Address: 318 ANDROS DRIVE  
City-St-Zip: SARASOTA, FL 34233

**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 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: SUSAN C HANKS

CPA

04/06/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date