




2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90109 003 ****61.25

DOCUMENT # N00000001903					
1. Entity Name WINDSHIP COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BLVD #4 PENSACOLA, FL 32503-4530			Mailing Address 3298 SUMMIT BLVD #4 PENSACOLA, FL 32503-4530		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3642755	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ETHERIDGE, ROY O 3258 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32503			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME TOYE, MALISSA STREET ADDRESS 8103 HEIRLOOM DR CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete		TITLE PD Berryhill, Heather STREET ADDRESS 8143 Heirloom Dr. CITY-ST-ZIP Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE STD NAME DEMARCUS, JOYCE STREET ADDRESS 8131 HEIRLOOM DR CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Luttrell, Linda STREET ADDRESS 8141 Heirloom Dr. CITY-ST-ZIP Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME REED, MELISSA STREET ADDRESS 8128 HEIRLOOM DR CITY-ST-ZIP PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Delete		TITLE SD NAME Toye, Malissa STREET ADDRESS 8103 Heirloom Dr. CITY-ST-ZIP Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE TD NAME Hardin, Sharon STREET ADDRESS 8134 Heirloom Dr. CITY-ST-ZIP Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input 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 Chapter 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 all other like empowered.					
SIGNATURE: 			4/21/06 850-434-3565		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		