2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # N0000001903 1. Entity Name WINDSHIP COVE HOMEOWNERS ASSOCIATION, INC.				SEC .	04-30-2007 90459 005 ****61.25			
Principal Place of Business 3298 SUMMIT BLVD #4 3298 SUMMIT BLVD #4 PENSACOLA, FL 32503-4530 PENSACOLA, FL								
2. Příncipal Place of Business - No P.O. Box # 3. Maiting Address								
Z. PHIIDDAIP	race of Business - No P.O. Box #	3. Mailing Address			IŞA BUTA BENI BENI QOTA BEN	E2 71310 101U 0E2E U		
Suite, Apt, #, etc.		Suite, Apt. #, etc.		01052007 Ch	g-NP CR2	E037 (12/06)		
City & State		City & State		4. FEI Number 59-3642755	5		oplied For ot Applicable	
Zìp	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current Re	gistered Agent		7. Name and Addr	ess of New Register	· · · · · · · · · · · · · · · · · · ·		
ETHERIDG	SE ROYO		Name					
ETHERIDGE, ROY O 3258 SUMMIT BLVD SUITE 4			Street Addre	ess (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)			
PENSACO	DLA, FL 32503		City	· · · · · · · · · · · · · · · · · · ·		-∎ Zip Cod		
			City		F	L Zp Coo		
	ions of registered agent.	, , , , , ,		•			·	
SIGNATURE .	Signature, typed or printed name of registered again and	title d'applicable. (NOTE:	: Registered Agent signsture req	quired when reinstating)	DAT	Ē		
SIGNATURE .	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2007	<u> </u>	paign Financing	\$5.00 May Be Added to Fees	Make ch	eck payable to		
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund C	paign Financing	\$5.00 May Be	Make ch Florida De	eck payable t partment of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRECT	9. Election Cam Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Make ch Florida De	eck payable t partment of S	tate	
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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:

434-3585