


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90329 009 ****61.25

DOCUMENT # N00000001903	
1. Entity Name WINDSHIP COVE HOMEOWNERS ASSOCIATION, INC.	

Prestige Properties 14 W Jordan St, Ste 1L Pensacola, FL 32501	Prestige Properties 14 W Jordan St, Ste 1L Pensacola, FL 32501
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2. Principal Place of Business - No P.O. Box # <u>14 W. Jordan St</u> Suite, Apt. #, etc. <u>Ste 1-L</u> City & State <u>Pensacola FL</u> Zip <u>32501</u> Country <u>Escambia</u>	3. Mailing Address <u>14. W. Jordan St</u> Suite, Apt. #, etc. <u>Ste 1-L</u> City & State <u>Pensacola FL</u> Zip <u>32501</u> Country <u>Escambia</u>
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04152008 Chg-NP CR2E037 (12/06)

4. FEI Number <u>59-3642755</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <u>C.J. NYLUND</u> Prestige Properties 14 W Jordan St, Ste 1L Pensacola, FL 32501	7. Name and Address of New Registered Agent Name <u>Prestige Properties - C.J. Nyland</u> Street Address (P.O. Box Number is Not Acceptable) <u>14 W. Jordan St Ste 1-L</u> City <u>Pensacola</u> FL Zip Code <u>32501</u>
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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 [Signature] DATE 4/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LUTTRELL, LINDA 8141 HEIRLOOM DR. PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Sharon Hardin 8143 Heirloom Pensacola FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TOYE, MELISSA 8103 HEIRLOOM DR. PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Tiffany Wynn 8146 Heirloom Pensacola FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HARDIN, SHARON 8143 HEIRLOOM PENSACOLA, FL 32514 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Greg Yarrand 8140 Heirloom Pensacola FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERRYHILL, HEATHER 8143 HEIRLOOM LN PENSACOLA, FL 32514 <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
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: Sharon Hardin DATE 04/22/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR