## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N00000005733

WINDWARD BAY AT TARPON BAY CONDOMINIUM ASSOCIATION, INC.



400022

**FILED** 

Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90148 029 \*\*\*\*61.25

Principal Place of Business C/O INTEGRATED PROPERTY MGMT. 3435 10TH STREET N., #201 NAPLES, FL 34103 US

Mailing Address

C/O INTEGRATED PROPERTY MGMT. 3435 10TH STREET N., #201 NAPLES, FL 34103 US

			-					
Principal Place of Business     3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052006	Chg-NP C	R2E037 (11/05)		
City & State		City & State		4. FEI Number 59-3687	117	<u> </u>	oplied For	
Zip	Country	Žip	Country	5. Certificate of	Status Desired [	\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
DUARTE, MARILYN CAM C/O INTEGRATED PROPERTY MGMT. 3435 10TH STREET N., #201 NAPLES, FL 34103				Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	e	
8. The above the obligat	named entity submits this statement for the lions of registered agent.				, in the State of Florida	. I am familiar with,	and accept	
	Signature, typed or printed name of registered agent and title	il applicable. (NOTE	: Registered Agent signa	ture required when reinstating)		DATE		
Filing Fee is \$61.25 9. Election Campain Due by May 1, 2006 Trust Fund Contr				\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State			
10.	OFFICERS AND DIRECTORS		11.					
TITLE	TD	☐ Delete	TITLE	D	•	☐ Change	Addition	
NAME	INCANTALUPO, LOUISE	NAME	ME DALE WHITMAN					
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS 1882 TAR/OH BAY DE S. # 201				
<b></b>	NAPLES, FL 34119		CITY-ST-ZIP	MAPLES,	FL 34119			
TITLE NAME	VD HRITZ, EMILY	🔀 Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	1882 TARPON BAY DRIVE S #205		STREET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP					
TITLE	PD	☐ Delete	TITLE		<del></del>	☐ Change	☐ Addition	
NAME	KRAUS, DON_		NAME					
STREET ADDRESS	1878 TARPON BAY DRIVE SOUTH#	204	STREET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP					
TITLE .	SD	Delete	TITLE			Change	■ Addition	
NAME	DENORFRIO, DENISE	200	NAME					
STREET ADDRESS CITY-ST-ZIP	1878 TORPON BAY DRIVE SOUTH#   NAPLES, FL 34119	203	STREET ADDRESS City-St-Zip					
TITLE	D	<b>—</b>			<del> </del>		□ 4.13%·	
NAME	ROSSI, MARY	Deleta	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	1882 TARPON BAY DRIVE S #302		STREET ADDRESS					
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/06

<u> 239-543-791</u>(