2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005733

FILED Apr 23, 2008 Secretary of State

Entity Name: WINDWARD BAY AT TARPON BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
C/O INTEGRATED PROPERTY MGMT. 3435 10TH STREET N., #201 NAPLES, FL 34103 US				2050 CASTAWAYS COURT NAPLES, FL 34119 US			
Current Mailing Address:				New Mailing Address:			
C/O INTEGRATED PROPERTY MGMT. 3435 10TH STREET N., #201 NAPLES, FL 34103 US				2050 CASTAWAYS COURT NAPLES, FL 34119 US			
El Number:	59-3687117	FEI Number Applied For ()	FEI Nur	mber Not Appl	icable ()	Certificate of Status Desired ()
Name and	Address of	Current Registered Agent:		Name and	Address of	New Registered Agent:	
C/O INTEGRATED PROPERTY MGMT. 3435 10TH STREET N., #201 NAPLES, FL 34103 US				IANNONE, ANTHONY E CAM 2050 CASTAWAYS COURT NAPLES, FL 34119 US			
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.							
SIGNATURE: ANTHONY E. IANNONE				04/23/2008			
	Electro	nic Signature of Registered Ag	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	INCANTALUPO	BAY DRIVE S #303		Title: Name: Address: City-St-Zip:	INCANTALUP	BAY DRIVE S #303	
Fitle: Name: Address: Dity-St-Zip:	WHITMAN, DA	I BAY DR S 201		Title: Name: Address: City-St-Zip:	WHITMAN, DA	NBAY DR S 201	
Fitle: Name: Address: City-St-Zip:	KRAUS, DON) Delete I BAY DRIVE SOUTH #204 34119		Title: Name: Address: City-St-Zip:	KRAUS, DON	X) Change ()Addition N BAY DRIVE SOUTH #204 34119	
Fitle: Name: Address: City-St-Zip:	ROSSI, MARY	I BAY DRIVE S #302		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Fitle: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	HARVEY, JEF	N BAY DR. S. #106	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON KRAUS P 04/23/2008