


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000003789	
1. Entity Name WINDWARD POINTE CONDOMINIUM ASSOCIATION OF KEY WEST, INC.	

Principal Place of Business 3675 S ROOSEVELT BLVD KEY WEST, FL 33040	Mailing Address 450 CARILLON PARKWAY, SUITE 210 ST PETERSBURG, FL 33716
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3750141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SPOTTSMOOD, ROBERT 500 FLEMING ST KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GAINER, TRACY 200 W. MADISON CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP AST, DORIS 521 9TH AVE NW NEW BRIGHTON, MN 55112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000414416  
02/11/06-80036-017 61.25

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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 files empowered.

SIGNATURE: Tracy Gainer 1/13/06 3127805189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #