

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003789

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** WINDWARD POINTE CONDOMINIUM ASSOCIATION OF KEY WEST, INC.

**Current Principal Place of Business:**

3675 S ROOSEVELT BLVD  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

450 CARILLON PARKWAY, SUITE 210  
ST PETERSBURG, FL 33716

**New Mailing Address:**

**FEI Number:** 59-3750141

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: SPOTTSWOOD, ROBERT  
Address: 500 FLEMING ST  
City-St-Zip: KEY WEST, FL 33040

Title: DST ( ) Delete  
Name: TROSSET, LISA  
Address: 450 CARILLON PKWY #210  
City-St-Zip: ST PETERSBURG, FL 33716

Title: DP ( ) Delete  
Name: AST, DORIS  
Address: 521 9TH AVE NW  
City-St-Zip: NEW BRIGHTON, MN 55112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: AST, DORIS A  
Address: 760 KINGS DRIVE  
City-St-Zip: WILLMAR, MN 56201

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: HRAY, CAROLYN  
Address: 450 CARILLON PKWY #210  
City-St-Zip: ST PETERSBURG, FL 33716

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: LISA TROSSET

DST

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date