2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# N02000000743

Entity Name: WINDWARD COVE MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12957 ISLAND SPIRIT DR.
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

12957 ISLAND SPIRIT DR.
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 02-0558898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNETH R FOUNTAIN PA
8438 GULF BLVD., SUITE A
NAVARRE BEACH, FL 32566 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: DP ( ) Delete
Name: PFISTER, RICHARD C
Address: 12957 ISLAND SPIRIT DR.
City-St-Zip: PENSACOLA, FL 32506

Title: DTVS ( ) Delete
Name: PFISTER, GARY
Address: 12957 ISLAND SPIRIT DR.
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: FOUNTAIN, BETTY
Address: 12957 ISLAND SPIRIT DR.
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: MARTIN, RON
Address: 12948 ISLAND SPIRIT DR.
City-St-Zip: PENSACOLA, FL 32506

Title: DV (X) Change ( ) Addition
Name: PFISTER, GARY
Address: 12956 ISLAND SPIRIT DR.
City-St-Zip: PENSACOLA, FL 32506

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY PFISTER DV 04/12/2004

Electronic Signature of Signing Officer or Director — Date