

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90028 029 \*\*\*\*61.25

**DOCUMENT # N02000001828**

1. Entity Name  
**WINDSWEEP INDUSTRIAL SUBDIVISION OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**2806 W. US 90  
SUITE 101  
LAKE CITY, FL 32055**

Mailing Address  
**2806 W. US 90  
SUITE 101  
LAKE CITY, FL 32055**

**40011407**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**14-1860540**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CRAPPS, DANIEL  
2806 W. US 90, SUITE 101  
LAKE CITY, FL 32055**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE PD ☐ Delete  
NAME CRAPPS, DANIEL  
STREET ADDRESS 2806 W. US 90, STE 101  
CITY-ST-ZIP LAKE CITY, FL 32055

TITLE D ☐ Delete  
NAME COLLINS, MIKE  
STREET ADDRESS ~~RT-8, BOX 075~~ PO Box 2736  
CITY-ST-ZIP LAKE CITY, FL ~~32055~~ 32056

TITLE D ☐ Delete  
NAME COLLINS, SCOTT  
STREET ADDRESS ~~RT-8, BOX 075~~ PO Box 2736  
CITY-ST-ZIP LAKE CITY, FL ~~32055~~ 32056

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL CRAPPS**

Date

Daytime Phone #

**1/31/2005 386-755-5110**