

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



03082006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
14-1860540

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLLINS, MIKE
P.O. BOX 2736
LAKE CITY, FL 32056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLLINS, SCOTT
P.O. BOX 2736
LAKE CITY, FL 32056**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100010465956
03/22/06-80055-019 61.25

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANIEL CRAPPS, PRESIDENT

**386 -
755-5710**