

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90139 002 ****61.25

DOCUMENT # N02000001828					
1. Entity Name WINDSWEEP INDUSTRIAL SUBDIVISION OWNERS ASSOCIATION, INC.					
Principal Place of Business 164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055			Mailing Address PO BOX 3659 LAKE CITY, FL 32056		
2. Principal Place of Business - No P.O. Box # 2806 W US 90		3. Mailing Address			
Suite, Apt. #, etc. SUITE 101		Suite, Apt. #, etc.			
City & State LAKE CITY FL		City & State			
Zip 32055		Country USA		4. FEI Number 14-1860540	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent CRAPPS, DANIEL 164 NW MADISON ST SUITE 102 LAKE CITY, FL 32055					
7. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) 2806 W US 90 SUITE 101 City LAKE CITY FL Zip Code 32055					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAPPS, DANIEL <input type="checkbox"/> Delete PO BOX 3659 LAKE CITY, FL 32056				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, MIKE <input type="checkbox"/> Delete P.O. BOX 2736 LAKE CITY, FL 32056				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, SCOTT <input type="checkbox"/> Delete P.O. BOX 2736 LAKE CITY, FL 32056				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: DANIEL CRAPPS PRESIDENT 4/30/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					