


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

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02842 1. Entity Name OCEAN WINDS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 14598 PERDIDO KEY DR #13 PENSACOLA, FL 32507	Mailing Address 5946 BAY VISTA DR. PENSACOLA, FL 32507 US
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DO NOT WRITE IN THIS SPACE



07172006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2412170	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITNER, MIKE 5946 BAY VISTA DRIVE PENSACOLA, FL 32507

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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 reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REED, MARILYN W 6-B UNION COURT PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITNER, MIKE 5946 BAY VISTA DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, LISA 5530 SANDVIEW DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAUGHN, KELLY 1601 COLWYN DRIVE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/27/06-90001-002 70.00

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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: Kelly Vaughn **7-17-06** **850-450-5501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #