

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02842**

1. Entity Name  
**OCEAN WINDS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**14598 PERDIDO KEY DR  
#13  
PENSACOLA, FL 32507**

Mailing Address  
**5946 BAY VISTA DR.  
PENSACOLA, FL 32507 US**



07042007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-2412170**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**WHITNER, MIKE  
5946 BAY VISTA DRIVE  
PENSACOLA, FL 32507**

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

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  
**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

U000000769280  
07/17/07-80006-008 70.00

**DO NOT WRITE  
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

7-5-07 850-450-5501

Date

Daytime Phone #