

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90025 029 \*\*\*\*70.00

<b>DOCUMENT # N03000002518</b>					
<b>1. Entity Name</b> WIND SONG CONDOMINIUM ASSOCIATION OF CAPE CORAL, INC.					
<b>Principal Place of Business</b> 1412 SE 46TH STREET CAPE CORAL FL 33904			<b>Mailing Address</b> 1414 SE 46TH STREET UNIT 1A CAPE CORAL FL 33904		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. <i>SAME</i>		<b>3. Mailing Address</b> Suite, Apt. #, etc. <i>SAME</i>		<b>1st MOORE</b> <b>CR2E037 (10/05)</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-1967662	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BRODERICK, BEVERLY T. 1414 SE 46TH STREET UNIT A CAPE CORAL FL 33904			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> <i>Beverly T. Broderick Treasurer</i> <small>Signature must be printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reconstituting)</small>		<b>DATE</b> <i>3/3/06</i>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> EDWARDS, JOHN 1412 SE 46TH STREET CAPE CORAL FL 33904	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> WISNER, JOHN 1412 SE 46TH STREET CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Delete	<b>VD</b> NAME STREET ADDRESS CITY-ST-ZIP	<i>Dorothy Cartier</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1412 SE 46TH ST</i> <i>CAPE CORAL, FL 33904</i> <i>Apt # 1H</i>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> JEFFORDS, LEON 1412 SE 46TH STREET CAPE CORAL FL 33904	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> BRODERICK, BEVERLY T. 1414 SE 46TH STREET 1A CAPE CORAL FL 33904	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>					
<b>SIGNATURE:</b> <i>Beverly T. Broderick Treasurer</i>		<b>DATE</b> <i>3/3/06</i> <i>(239)549-1469</i>			