

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

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000010128

1. Entity Name
WINDWARD PALMS OWNERS ASSOCIATION, INC.



Principal Place of Business
**6700 WINDWARD PALMS CT.
LAKE WALES, FL 33898**

Mailing Address
**6700 WINDWARD PALMS CT.
LAKE WALES, FL 33898**



01122006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2117303

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEGLAND, DALE
6700 WINDWARD PALMS COURT
LAKE WALES, FL 33898**

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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 resigning)

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
HEGLAND, DALE
6700 WINDWARD PALMS COURT
LAKE WALES, FL 33898**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
EDGINGTON, CHARLES
6706 WINDWARD PALMS COURT
LAKE WALES, FL 33898**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
REID, DAVID
891 SOUTHSIDE
CHERRY CREEK, NY 14723**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000424191
02/18/06-80038-015 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

David E. Reid
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-06 863-439-1132
Date Daytime Phone #