


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90098 033 ****61.25

DOCUMENT # N03175 1. Entity Name WINDWOOD ISLES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4300 NW 19TH AVE STE C POMPAÑO BEACH, FL 33060			Mailing Address RMC P.O. BOX 97-0069 BOCA RATON, FL 33497		
2. Principal Place of Business - No P.O. Box # 778 South Military Trail Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Deerfield Beach FL			City & State _____		
Zip 33442		Country USA		4. FEI Number 59-2615187	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RESIDENTIAL MANAGEMENT CONCEPTS2 4350 NW 19TH AVE STE C POMPAÑO BEACH, FL 33064				7. Name and Address of New Registered Agent Name Residential Management Concepts Street Address (P.O. Box Number is Not Acceptable) 778 South Military Trail City Deerfield Beach FL Zip Code 33442	
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, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, JULIE 150 SE 7 STREET 5-3 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Vickie Baron 130 SE 7th Street 5-4 Deerfield Beach FL 33441 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOKOLOUS, TED 190SE 7TH AVE 1 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John McNeill 120 SE 7th Street 10-6 Deerfield Beach FL 33441 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARON, JOHN 140 SE 7TH STREET 6-8 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERRARD, DAN 170 SE 7TH ST 3-8 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Ferraro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAVITZ, LINDA 130 SE 7TH STREET 3-3 DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dirceu D. Gomes 170 SE 7th Street 3-4 Deerfield Beach FL 33441 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u>D. Ferraro</u> DANIEL FERRARO <u>4/4/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date</small>					

SEC-TRBAS.

[954/480-9275]