

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90547 013 ****61.25

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02152005 Chg-NP CR2E037 (10/03)

DOCUMENT # N03530 1. Entity Name WIND BREAKER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business MARVIN REAL ESTATE 1835 N 3RD ST JACKSONVILLE BEACH, FL 32250 US			Mailing Address MARVIN REAL ESTATE P.O. BOX 330026 ATLANTIC BEACH, FL 32233 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2569634	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARVIN, SONIA M 1835 N. 3RD STREET JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	TD THOMPSON, AMANDA 1030 N 4TH ST # 1-B JACKSONVILLE BEACH, FL 32250 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Amanda Thompson 1030 N. 4th St. #1-B Jacksonville, FL 32250 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, JOHN 3947 MEADOWVIEW DR N JACKSONVILLE, FL 32225 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANNEHOWER, ROBIN 1028 4TH ST # 2-D JACKSONVILLE, FL 32250 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robin Dannehower 1028 4th St # 2-D Jacksonville, FL 32250 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BILLODEAU, MICHAEL 1028 4TH ST # 1-B JACKSONVILLE BEACH, FL 32250 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael Bilodeau 1028 4th St # 1-B Jacksonville Bch FL 32250 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres Ryland Thompson 1028 Nth 4th St. Jacksonville Bch, FL 32250 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			4-28-05 249-8599		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		