

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90065 012 \*\*\*\*61.25

<b>DOCUMENT # N03530</b> 1. Entity Name <b>WIND BREAKER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>MARVIN REAL ESTATE</b> <b>1835 N 3RD ST</b> <b>JACKSONVILLE BEACH, FL 32250 US</b>				Mailing Address <b>MARVIN REAL ESTATE</b> <b>P.O. BOX 330026</b> <b>ATLANTIC BEACH, FL 32233 US</b>	
2. Principal Place of Business - No P.O. Box # <b>753 Atlantic Blvd</b> Suite, Apt. #, etc. <b>#1</b>		3. Mailing Address <b>PO Box 330026</b> Suite, Apt. #, etc.			
City & State <b>Atlantic Beach FL</b> Zip <b>32233</b>		City & State <b>Atlantic Beach FL</b> Zip <b>32233</b>		4. FEI Number <b>59-2569634</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MARVIN, SONIA M</b> <b>1835 N. 3RD STREET</b> <b>JACKSONVILLE BEACH, FL 32250</b>				7. Name and Address of New Registered Agent Name <b>Marvin + Floyd Realty, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>753 Atlantic Blvd #1</b> City <b>Atlantic Beach FL</b> Zip Code <b>32233</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. SIGNATURE <b>Marvin + Floyd Realty Inc</b> <b>Sonia M</b> <b>3-26-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, AMANDA 1030 N 4TH ST # 1-B JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANNEHOWER, ROBIN 1028 4TH ST # 2-D JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILODEAU, MICHAEL 1028 4TH ST # 1-B JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, RYLAND 1028 N 4TH ST JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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		
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: <b>Robin Dannehower - Treasurer - 4.25.07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					