2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04000009416

1. Entity Name

WINDWARD EAST CONDOMINIUM, INC.

FILED
07 OCT 22 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66021842

83-0454144

2nd MOORE CR2E037 (4/07)

Principal Place of Business	Mailing Address
3212 NE 9TH STREET STE 101 POMPANO BEACH FL 33062	3212 NE 9TH STREET STE 101 POMPANO BEACH FL 33062

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3212 N.E. 9th S.T.	3212 N.E. 9th ST.
Suite, Apt. #, etc. # 101	Suite, Apt. #, etc. # 101
City & State: Pompano Beach FL	City & State: Pompano Beach FL
Zip: 33062 Country: U.S.A.	Zip: 33062 Country: U.S.A.

4. FEI Number: 83-0454144 APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, JODI PA
1191 E NEWPORT CNTR DR, STE 207
DEERFIELD BEACH FL 33442

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By September 5, 2007

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	P FERRARO, JOSEPH T JR 3212 N E 9TH ST POMPANO BEAACH FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10/23
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PALMISANO, JOE 1 TALL PINES DR BEDFORD CORNERS NY 10549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100111293201 10/24/07--01044--012 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MALDONADO, ROBERT 3729 1ST AVE S MINNEAPOLIS MN 55409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #