

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90031 037 \*\*\*\*61.25

**DOCUMENT # N05000009798**

1. Entity Name  
**WINDWARD LAKES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4001 W MCNAB ROAD  
POMPANO BEACH, FL 33069**

Mailing Address  
**4800 N FEDERAL HWY  
SUITE A205  
BOCA RATON, FL 33069**

40104900



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**4400 N FEDERAL HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 408**

City & State

**BOCA RATON FL**

Zip

Country

Zip

Country

**33431**

04302007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**20-3657637**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 PINE ISLAND RD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name **RONALD KAN**

Street Address (P.O. Box Number is Not Acceptable)

**4400 N FEDERAL HWY,**

**STE 408**

City

**BOCA RATON**

**FL**

Zip Code

**33431**

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

*Ronald Kan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/07**

**Filing Fee is \$61.25  
Due by May 1, 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

TITLE **PD** ☒ Delete  
NAME **HARKINS, WILLIAM**  
STREET ADDRESS **5 HARGROVE GRADE**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **VD** ☒ Delete  
NAME **ROBINSON, GREG**  
STREET ADDRESS **5 HARGROVE GRADE**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE **TSD** ☐ Delete  
NAME **MCLAUGHLIN, JOHN**  
STREET ADDRESS **5 HARGROVE GRADE**  
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PA** ☐ Change ☒ Addition  
NAME **KAN, RONALD**  
STREET ADDRESS **4400 N FEDERAL HWY, STE 408**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **SA** ☐ Change ☒ Addition  
NAME **KAN, VIRGIL**  
STREET ADDRESS **4400 N FEDERAL HWY, STE 408**  
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

**4/28/07 5213918364**