2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007933

FILED Apr 16, 2007 Secretary of State

Entity Name: WINDWARD TRACE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
155 TAM PALM HAF	PA RD RBOR, FL 346	83		
Current Mailing Address:		New Mailing Address:		
155 TAM PALM HAF	PA RD RBOR, FL 346	83		
El Number	: 37-1541990	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	K, GREGORY	J		
155 TAM PALM HAF		83 US		
PALM HAF	PÄRD RBOR, FL 346		ourpose of changing its registere	ed office or registered agent, or both
PALM HAF	PÅ RD RBOR, FL 346 e named entity s e of Florida. RE:	submits this statement for the p		
PALM HAF The above In the State	PÅ RD RBOR, FL 346 e named entity s e of Florida. RE:			ed office or registered agent, or both Date
PALM HAF The above In the State	PÅ RD RBOR, FL 346 e named entity s e of Florida. RE:	submits this statement for the particles of Registered Agric Signature of Registered Agr	ent	
PALM HAF The above In the State	PÅ RD RBOR, FL 346 named entity se of Florida. RE: Electror S AND DIREC	submits this statement for the particle Signature of Registered Agr TORS: Delete EGORY J D	ent	Date
PALM HAFT The above the State of the State o	PÅ RD RBOR, FL 346 named entity se of Florida. RE: Electror S AND DIREC VAN HOOK, GR 1155 TAMPA R PALM HARBOL	submits this statement for the particle Signature of Registered Agriculture of Registered Agricu	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY J. VAN HOOK P 04/16/2007