2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 19, 2008 8:00 am Secretary of State

DOCUMENT # N06028



1. Entity Name WINGFOOT CONDOMINIUM ASSOCIATION, INC.						03-19-200	3 90020 02	4 01		
Principal Place of Business 1930 COMMERCE LANE, #1 JUPITER, FL 33458 Mailing Address 1930 COMMERCE LANE, #1 JUPITER, FL 33458				4004		(24) BIBU BIBU BIBU	B1911 P1911 B191	W		
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02102008	Chg-NP	CR2E037	(12/06)		
City & State		City & State			4. FEI Numbe 	9120~			plied For at Applicable	
Zip	Country	Zip	Cou	entry	5. Certificate	of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered A	gent		
INGLIS, STEVE			Name							
C/O BRISTOL MANAGEMENT SERVICES 1930 COMMERCE LANE STE #1				Street Address	s (P.O. Box Numbe	r is Not Acceptal	ole)			
JUPITER, FL	L 33458			City				Zip Code		
				0.1,	FL Zip Code					
	amed entity submits this statement fo ns of registered agent.	r the purpose of changing its	registere	ed office or regist	tered agent, or both	h, in the State of	Florida. I am fa	miliar with,	and accept	
ino congunon	or registeres agent.									
SIGNATURE	gnature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature requir	ired when reinstating)		DATE			
	gnature, typed or printed name of registered agent				ired when rainstating)					
Sign Sign Sign Sign Sign Sign Sign Sign	gnature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund (mpaign F	inancing	\$5.00 May Be Added to Fees	9 FI	DATE Make check orida Departi			
Sign Sign Sign Sign Sign Sign Sign Sign	Filing Fee is \$61.25	9. Election Cal Trust Fund (mpaign F	inancing	\$5.00 May Be Added to Fees ADDITIONS/CHA	FI	Make check orida Departi	nent of St	tate	
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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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR