

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06622

FILED
Mar 08, 2006
Secretary of State

Entity Name: WINDWARD KNOLL MOBILE HOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

109 TANGLEWOOD LN
THONOTOSASSA, FL 33592

New Principal Place of Business:

Current Mailing Address:

109 TANGLEWOOD LN
THONOTOSASSA, FL 33592

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STEENHOEK, RONALD L
109 TANGLEWOOD LN
THONOTOSASSA, FL 33592 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEENHOEK, RONALD L
Address: 109 TANGLEWOOD LN
City-St-Zip: THONOTOSASSA, FL 33592

Title: V () Delete
Name: KREMIN, MYRA
Address: 105 TANGLEWOOD LN
City-St-Zip: THONOTOSASSA, FL 33592

Title: S () Delete
Name: PALAEZ, CATHERINE
Address: 138 WILDWOOD LN
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: STONER, LLOYD
Address: 114 TANGLEWOOD LANE
City-St-Zip: THONOTOSASSA, FL 33592

Title: T () Delete
Name: FAHS, BARBARA
Address: 110 TANGLEWOOD LANE
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: MACMILLAN, GLADYS
Address: 94 TANGLEWOOD LANE
City-St-Zip: THONOTOSASSA, FL 33592

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FAHS, BARBARA
Address: 110 TANGLEWOOD LN
City-St-Zip: THONOTOSASSA, FL 33592

Title: D (X) Change () Addition
Name: DEUSCHLE, CHARLES
Address: 57 ROSEWOOD DR
City-St-Zip: THONOTOSASSA, FL 33592

Title: D (X) Change () Addition
Name: KREMIN, CHARLES
Address: 105 TANGLEWOOD LN
City-St-Zip: THONOTOSASSA, FL 33592

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RONALD L STEENHOEK

P

03/08/2006

Electronic Signature of Signing Officer or Director

Date