


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90024 022 \*\*\*\*61.25

<b>DOCUMENT # N09699</b>			
1. Entity Name <b>THE PARK AT WINDWOOD CONDOMINIUM II ASSOCIATION, INC.</b>			
Principal Place of Business <b>3139 &amp; 3149 MILLWOOD TERRACE BOCA RATON, FL 33431 US</b>		Mailing Address <b>3149 MILLWOOD TERRACE BOCA RATON, FL 33431</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>40 Gates Mgmt Ser. Suite, Apt. #, etc. 1121 NW 10th St.</b>	
Suite, Apt. #, etc.		City & State <b>Boca Raton, FL</b>	
City & State		4. FEI Number <b>59-2542996</b>	
Zip		Country <b>US</b>	
Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MCDANIEL, TEDDY 3149 MILLWOOD TERR SUITE M-117 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code <b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, TEDDY	NAME	
STREET ADDRESS	3149 MILLWOOD TERR, #M-117	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	<del>STD</del> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, JAMES	NAME	
STREET ADDRESS	3139 MILLWOOD TERR #M-124	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> Delete	TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUZCU, PERI	NAME	
STREET ADDRESS	3139 MILLWOOD TERR #M-223	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____		Date: <b>2/14/07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	