2006 NOT-FOR-PRÓFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL I	TEPORI (AR)	<u> </u>	_ Mar	. 23 20	106 08.00	A N/I
DOCU 1. Entity Nam	MENT # N12164		Mar 23, 2006 08:00 AM Secretary of State				
WINDMIL INC.	L TERRACE HOMEOWNE	R'S ASSOCIATION,			•		
Principal Place of Business Mailing Address			_				
5841 WINDMILL CT		5841 WINDMILL CT					
ORLANDO I US	FL 32809	ORLANDO FL 32809 US					
2. Principal Place of Business		3. Mailing Address			- Harris Hadi Harris are	a wan mini mana dise alah dake	24511147 44 44-F
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st M	OORE	CR2E037 (10/05)	
City & State		City & State		4. FEI Number	59-289513	5	Applied For Not Applicat
Zip	Country	Zıp	Country	5. Certificate of 5	Status Desired	\$8.75 / Fee Requ	
	6. Name and Address of Curren	nt Registered Agent		7. Name and Ad	diess of New	Registered Agent	
		Name	Name				
ROI 584	OGERS, GARY M 1 WINDMILL CT	-	Street Address		(P.O. Bax Number is Not Acceptable)		
¢ ORLANDO FL 32809							
01127(100 1 E 32003			City	City FL Zip Cade			
the obliga	named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	tered agent, or both, w	n the State of F	lorida. Tam familiar wi	h, and acce
SIGNATURE	Signature, typed or printed rights of registered age	m and title 4 applicable (NOTE	Registered Agent argusture requi	ved woen reactaling)		GATE	
	FILE NOW: FEE IS 61.25) a Floation Can	npaign Financing	AT 00 -		alla Ohaali Danis	4
	Due By May 1, 2006	Trust Fund C		\$5.00 May Be Added to Fees		ake Check Payab da Department o	
10.	OFFICERS AND E	DIRECTORS	11.	ADDITIONS/CHANC	SES TO OFFICE	RS AND DIRECTORS	IN 10
TITLE	D	☐ Delete	TITLE		UBBBBBB4	78222 Chang	e 🔲 Additi
NAME STREET ADDRESS	RODGERS, GARY ISB24 WINDMILL CT.		NAME STREET AODRESS	04	/07/06-8	0023-006 61.;	25
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NAME	GIRARD, TERRI		NAMC				
STRLET ADDRESS	5833 WINDMILL CT ORLANDO FL 32809		STREET AUDRESS CHY-ST-ZIP				
117LE	T	☐ Delete	MUE			∐ Chang	
NAME	PONCE, TRACY		MARKE				
STREET ADDRESS CITY-ST-ZIP	5841 WINDMILL CT. ORLANDO FL 32809		STREET ADDRESS CHY-ST-ZIP				
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NAME			NAME			in analy	
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1: if changed, or on an attachment with an address, with all other like empowered.