

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13492

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** WINDWARD COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

203 WATERBURY LN  
INDIAN HARBOUR BEACH, FL 32937

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 372571  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 59-2694492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZIEGLER, MICHAEL J  
206 WATERBURY LN  
INDIAN HARBOUR, FL 32937 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: PD  
Name: CORADINE, ART  
Address: 203 WATERBURY LN  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: T  
Name: ZIEGLER, MICHAEL J  
Address: 206 WATERBURY LN  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D  
Name: WRIGHT, NELSON  
Address: 134 WINDWARD WAY  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: SD  
Name: BAIRD, MAC  
Address: 136 WINDWARD WAY  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D  
Name: MOORE, STEVE  
Address: 116 WINDWARD WAY  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J. ZIEGLER

T

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date