

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N15189</b> 1. Entity Name <b>WINDWARD ISLE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>111 ISLAND WAY</b> <b>WEST PALM BEACH, FL 33413 US</b>				Mailing Address <b>111 ISLAND WAY</b> <b>W PALM BEACH, FL 33413 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0064068</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BLUCK, JOHN</b> <b>111 ISLAND WAY</b> <b>WEST PALM BEACH, FL 33413</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-filing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLUCK, JOHN</b>		NAME		
STREET ADDRESS	<b>111 ISLAND WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>W.PALM BEACH, FL 33413</b>		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JANICE, NATALE</b>		NAME		
STREET ADDRESS	<b>111 ISLAND WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>W.PALM BEACH, FL</b>		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NATALE, JOHN</b>		NAME		
STREET ADDRESS	<b>113 ISLAND WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>W. PALM BEACH, FL 33413</b>		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHARROW, DEBORAH</b>		NAME		
STREET ADDRESS	<b>109 ISLAND WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>W PALM BEACH, FL 33413</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHMURA, ANNETTE</b>		NAME		
STREET ADDRESS	<b>167 ISLAND WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>W PALM BCH, FL</b>		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 exemption stated in Section 119.07(3)(i), 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 817, 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.					
<b>SIGNATURE:</b>			<b>John N. Natale</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> <b>2/27/05</b>		
			<small>Daytime Phone #</small> <b>561-309-2900</b>		