

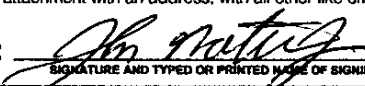


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90056 006 ****61.25

DOCUMENT # N15189 1. Entity Name WINDWARD ISLE HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 111 ISLAND WAY WEST PALM BEACH, FL 33413 US		Mailing Address 111 ISLAND WAY W PALM BEACH, FL 33413 US	
2. Principal Place of Business 113 Island Way Suite, Apt. #, etc.		3. Mailing Address 113 Island Way Suite, Apt. #, etc.	
City & State Greenacres FL Zip 33413 Country US		City & State Greenacres FL Zip 33413 Country US	
4. FEI Number 65-0064068		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUCK, JOHN 111 ISLAND WAY WEST PALM BEACH, FL 33413		7. Name and Address of New Registered Agent Name John Natale Street Address (P.O. Box Number is Not Acceptable) 113 Island Way City Greenacres FL Zip Code 33413	
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 		John Natale 2/6/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLUCK, JOHN 111 ISLAND WAY W.PALM BEACH, FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JANICE, NATALE 111 ISLAND WAY W.PALM BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NATALE, JOHN 113 ISLAND WAY W. PALM BEACH, FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHARROW, DEBORAH 109 ISLAND WAY W PALM BEACH, FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHMURA, ANNETTE 167 ISLAND WAY W PALM BCH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		John Natale 2-6-06 561-719-4600 <small>Signature and typed or printed name of signing officer or director</small>	