


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

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90038 048 \*\*\*\*61.25

**DOCUMENT # N18076**

1. Entity Name  
**WINDWARD PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4502 HWY 20 E STE B**  
**NICEVILLE, FL 32578 US**

Mailing Address  
**P O BOX 5153**  
**NICEVILLE, FL 32578 US**



2. Principal Place of Business - No P.O. Box #  
**4012 Commons Drive W**

3. Mailing Address  
**P o Box 5153**

Suite, Apt. #, etc.  
**Suite 104 E**

02122007 Chg-NP CR2E037 (12/06)

City & State  
**Destin FL**

City & State  
**Niceville FL**

Zip  
**32541**

Country  
**USA**

Zip  
**32578**

Country  
**USA**

4. FEI Number  
**31-1148760**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CASHION, JERRY**  
**214 WINDWARD LANE**  
**NICEVILLE, FL 32578**

**7. Name and Address of New Registered Agent**

Name  
**Tom Linn**

Street Address (P.O. Box Number is Not Acceptable)  
**1217 Windward Circle**

City  
**Niceville, FL**

Zip Code  
**32578**

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 *Tom Linn* DATE 2/15/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASHION, JERRY 214 WINDWARD LANE NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PAPE, DARRELL 1344 WINDWARD CIRCLE NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD NATION, DOLF 1401 WINDWARD LANE NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Tom Linn 1217 Windward Cr. Niceville FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Jim Comerford 1397 Windward Lane Niceville, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John Duhaime 210 Windward way Niceville FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Tom McNeal 1209 Windward Cr. Niceville, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Carolyn Mueller 1348 Windward Cr. Niceville, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Larry Roseland 1403 Windward Lane Niceville FL 32578	<input type="checkbox"/> Change <input checked="" 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: *Tom Linn* Date 2-15-07 Daytime Phone # 850 897-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR