


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90056 039 ****61.25

DOCUMENT # N23637 1. Entity Name THE WINDWARDS AT HARBOURSIDE OWNER'S ASSOCIATION, INC.																							
Principal Place of Business C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 33762 US		Mailing Address C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 33762 US																					
2. Principal Place of Business - No P.O. Box 10681 Gulf Blvd Suite, Apt. # etc. 307 Treasure Island		3. Mailing Address 10681 Gulf Blvd Suite, Apt. # etc. 307 Treasure Island																					
City & State Treasure Island FL		City & State Treasure Island FL																					
Zip 33706		Zip 33706																					
Country US		Country US																					
4. FEI Number 59-2880483		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 CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 33762		7. Name and Address of New Registered Agent Name Liberte MGT Street Address (P.O. Box Number is Not Acceptable) 10681 Gulf Blvd Suite 207 City Treasure Island FL Zip Code 33706																					
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 <u>Dennis F. DiTunno</u> DENNIS F. DiTUNNO CEO <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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																					
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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 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 <u>Romasw Meehan</u> President 4/6/2007 3602006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							