


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N26042
 1. Entity Name
 WINDWARD CAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business C/O FRED HALL 3333 TEN BROECK WAY LOUISVILLE, KY 40241	Mailing Address C/O FRED HALL 3333 TEN BROECK WAY LOUISVILLE, KY 40241
---	---



01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0120410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 THORSEN, NANCY A. TRUST OFFICER
 NORTHERN TRUST BANK OF FLORIDA/NAPLES
 4001 TAMiami TRAIL NORTH
 NAPLES, FL 34103

DO NOT WRITE IN THIS SPACE

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAFFORD, WILLIAM C 180 SIXTH AVE S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VOGEL, RICHARD 640 SECOND STREET SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALL, FRED 600 SECOND ST S. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MYERS, INGE 620 SECOND ST. SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000208557
 02/01/05-80091-012 61.25

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 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: Fred Hall, Fred Hall, Treasurer 1-27-05 502-412-9079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #