


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90029 018 \*\*\*\*61.25

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



Principal Place of Business Mailing Address  
 % JACK MYERS % JACK MYERS  
 620 SECOND ST SOUTH 620 SECOND ST SOUTH  
 NAPLES FL 34102 NAPLES FL 34102



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

1st MOORE CR2E037 (10/05)

4. FEI Number **65-0120410**  
 Applied For Not Applicable

5. Certificate of Status Desired  **\$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**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STAFFORD, WILLIAM C	
STREET ADDRESS	180 SIXTH AVE S	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<del>VOGEL, RICHARD</del>	
STREET ADDRESS	640 SECOND STREET SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<del>HALL, FRED</del>	
STREET ADDRESS	600 SECOND ST S.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	<del>MYERS, INGE</del>	
STREET ADDRESS	620 SECOND ST. SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN CHURCHILL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD ROBERT SIMS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREASURER JACK F. MYERS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jack F. Myers* JACK F. MYERS 3/29/06 778-697-3855