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

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Apr 06, 2006 8:00 am Secretary of State DOCUMENT # N26042 1. Entity Name 04-06-2006 90029 018 ****61.25 WINDWARD CAY HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address % JACK MYERS 620 SECOND ST SOUTH NAPLES FL 34102 % JACK MYERS 620 SECOND ST SOUTH NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0120410 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THORSEN, NANCY A. TRUST OFFICER Street Address (P.O. Box Number is Not Acceptable) NORTHERN TRUST BANK OF FLORIDA/NAPLES 4001 TAMIAMI TRAIL NORTH NAPLES FL 34103 City 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 Standard, typica or printed name of registered agent and title if applicable (NOTE: Registured Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PO TITLE TITLE ☐ Delete ☐ Change Addition STAFFORD, WILLIAM C NAME NAME 180 SIXTH AVE S STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP Delete HILL SD TITLE **Change** ☐ Addition DAN CHURCHILL VOGEL, RICHARD --NAME NAME 640 SECOND STREET SOUTH STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CHY-ST-ZIP CITY-ST-ZIP ID Change TITLE **M** Delete TITLE ■ Addition HALL, FRED NAME NAME STREET ADDRESS 600 SECOND ST S. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP TREASURER JACK F. MYERS MPO Change ☐ Addition Delete TITLE MYERS, INGE NAME NAME STREET ADDRESS 620 SECOND ST. SOUTH STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-7IP

FILED

Change

☐ Change

☐ Addition

Addition

12. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

☐ Delete

☐ Delete

JACK F. MYERS 3/29/06 978-697-3855 SIGNATURE