


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

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



Principal Place of Business % JACK MYERS 620 SECOND ST SOUTH NAPLES, FL 34102	Mailing Address % JACK MYERS 620 SECOND ST SOUTH NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



02102008 No Chg-NP CR2E037 (4/06)

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

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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

1100000299056
 04/28/08-80023-006 61.25

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 CHURCHILL, DAN 640 SECOND STREET SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIMS, ROBERT 600 SECOND ST S. NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, JACK F 620 SECOND ST. SOUTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Jack F. Myers **JACK F. MYERS** 4/10/08 978-462-4738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #