

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 25, 2009
Secretary of State**

DOCUMENT# N26042

Entity Name: WINDWARD CAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% JACK MYERS
620 SECOND ST SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

% JACK MYERS
620 SECOND ST SOUTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0120410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STAFFORD, WILLIAM C.
Address: 180 SIXTH AVE S
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: CHURCHHILL, DAN
Address: 640 SECOND STREET SOUTH
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: SIMS, ROBERT
Address: 600 SECOND ST S.
City-St-Zip: NAPLES, FL 34102

Title: T () Delete
Name: MYERS, JACK F
Address: 620 SECOND ST. SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK F MYERS

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03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date