

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90020 036 ****61.25

DOCUMENT # N32957

1. Entity Name
THE WINDOM ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~913 GUADELOUPE W~~ 106 woodland pl 913 GUADELOUPE W 106 woodland pl
~~VENICE, FL 34285~~ US OSPREY, FL US VENICE, FL 34285 US OSPREY, FL US
~~34285~~ 34229 34229

50005089



DO NOT WRITE IN THIS SPACE

02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0316567 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DECARIA, FRANK
~~913 GUADELOUPE W~~
VENICE, FL 34285
106 woodland pl
OSPREY, FL 34229

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DECARIA, CYNTHIA
STREET ADDRESS 7523 RIDGE RD
CITY-ST-ZIP SARASOTA, FL 34239

TITLE ST
NAME DE CARIA, FRANK
STREET ADDRESS ~~913 GUADELOUPE W~~ 106 woodland pl
CITY-ST-ZIP ~~VENICE, FL 34285~~ OSPREY, FL 34229

TITLE VD
NAME DECARIA, MARIA F
STREET ADDRESS 7523 RIDGE RD
CITY-ST-ZIP SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-06

Date

941-327-9220

Daytime Phone #