

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N32957

1. Entity Name
THE WINDOM ASSOCIATION, INC.



Principal Place of Business
**106 WOODLAND PL
OSPREY, FL 34229 US**

Mailing Address
**106 WOODLAND PL
OSPREY, FL 34229 US**



03042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0316567

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DECARIA, FRANK
106 WOODLAND PL
OSPREY, FL 34229**

**DO NOT WRITE
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, 2007**

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	106 WOODLAND PL
CITY-ST-ZIP	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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03/29/07-80012-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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

3-17-07 941-323-9220

Date

Daytime Phone #