2008 NOT-FOR-PROFIT CORPORATION ~ ANNUAL REPORT (AR)

Mar 24, 2008 8:00 am DOCUMENT # N32957 **Secretary of State** 1. Entity Name 03-24-2008 90041 010 ****61.25 THE WINDOM ASSOCIATION, INC. Principal Place of Business Mailing Address 108 WOODLAND PL 283 84AUEP LDE WOODLAND PL 283 8th Ave N OSPREY FL 34229 TIERRA Vende FL OSPREY FL 34229 TIERRA Vende, FL 33715 33715 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 65-0316567 Not Applicable Zic Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DECARIA, FRANK Street Address (P.O. Box Number is Not Acceptable) 106-WOODLANDPL 2838+ Ave N OSPREY FL 34229 TIERRA VERUE FL 33715 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 Signature, typed of highest name of registered agent and "He J contication." (NOTE: Registered Agent signature required when reinstitling) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE Delete Change Addition DECARIA, CYNTHIA NAME NAME STREET ADDRESS 7523 RIDGE RD STREET ADDFESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-7IP ST TITLE ☐ Delate TITLE Change Addition DE CARIA, FRANK NAME NAME 106 WOODLAND PL 283 8th Ave N STREET ADDRESS STREET ADDRESS TIERRA Vende, FL 33715 OSPREY FL-34229 CITY-ST-7IP CITY-ST-ZIP VD TITLE Delete Change Addition DECARIA, MARIA F NAME NAME 7523 RIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THILE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete Change TITLE ncitibbA [__] NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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941-323-9220

12. I nereby 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 2-8-04 SIGNATURE: