2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N34215

1. Entity Name
WINDWARD POINT BOATING ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% JORGENSEN, CHRISTIAN, L. 4203 BAYBEACH LN.H-5 FT. MYERS BEACH, FL 33931 US	% JORGENSEN, CHRISTIAN, L. 4203 BAYBEACH LN. H-5 FT. MYERS BEACH, FL 33931 US

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02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0154408
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JORGENSEN, CHRISTIAN L
4203 BAYBEACHLANE, #H-5
~~PO BOX 2520~~
FT. MYERS, FL 33931

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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 _____
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	SHELDON, DALE
STREET ADDRESS	25 SOUTH MAIN ST
CITY-ST-ZIP	YALE, MI 48097
TITLE	VPD
NAME	LEVESQUE, NORMAN
STREET ADDRESS	38 DEER RUN TERR
CITY-ST-ZIP	EAST LONGMEADOW, MA 01028
TITLE	STD
NAME	JORGENSEN, CHRISTIAN
STREET ADDRESS	4203 BAY BCH LN H-5
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931
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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03/02/06 80027-023 61.25

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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: CHRISTIAN L JORGENSEN Sec/Dirs. 2/16/2006 239-463-4796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #