

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90032 030 ****70.00

DOCUMENT # N36752 1. Entity Name WINDWARD PATIO ASSOCIATION, INC.					
Principal Place of Business 3751 CAPE HAZE DR PO BOX 475 CAPE HAZE, FL 33946 US			Mailing Address PO BOX 475 CAPE HAZE, FL 33946 US		
2. Principal Place of Business 3899 CAPE HAZE DR.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0183771	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRANDENBERGER, JOHN E. 3751 CAPE HAZE DRIVE CAPE HAZE, FL 33946			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3899 CAPE HAZE DR. City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAAUWE, ROBERT 3751 CAPE HAZE DR. CAPE HAZE, FL 33946 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DYMECKI, LOUIS 3751 CAPE HAZE DR CAPE HAZE, FL 33946 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALONEY, JACK 3751-B CAPE HAZE DR. PLACIDA, FL 33946 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3899 CAPE HAZE DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAUPAI, MARDIE 3751-B CAPE HAZE DR. PLACIDA, FL 33946 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3899 CAPE HAZE DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANTONUCCI, PASQUALE J. 3899 CAPE HAZE DR. PLACIDA, FL 33946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PROCASKY, L. GENE 3899 CAPE HAZE DR. PLACIDA, FL 33946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE:			Date 1/26/05 Daytime Phone # 941-697-9722		