

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90045 036 \*\*\*\*70.00

<b>DOCUMENT # N36752</b> 1. Entity Name <b>WINDWARD PATIO ASSOCIATION, INC.</b>					
Principal Place of Business <b>3899 CAPE HAZE DR. PO BOX 475 CAPE HAZE, FL 33946 US</b>				Mailing Address <b>PO BOX 475 CAPE HAZE, FL 33946 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>PLACIDA, FL</b>		4. FEI Number <b>65-0183771</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33946</b>		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BRANDENBERGER, JOHN E. 38899 CAPE HAZE DR. CAPE HAZE, FL 33946</b>				Name Street Address (P.O. Box Number is Not Acceptable) <b>3899 CAPE HAZE DR.</b> City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD ANTONUCCI, PASQUALE J 2899 CAPE HAZE DR. PLACIDA, FL 33946</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PROCASKY, GENE L 3899 CAPE HAZE DR PLACIDA, FL 33946</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MALONEY, JACK 3899 CAPE HAZE DR PLACIDA, FL 33946</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MAUPAI, MARDIE 3899 CAPE HAZE DR PLACIDA, FL 33946</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MUDD, CHARLES 3899 CAPE HAZE DR. PLACIDA, FL 33946</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD RICE, DON 3899 CAPE HAZE DR. PLACIDA, FL 33946</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ZEIGLER, BEN 3899 CAPE HAZE DR. PLACIDA, FL 33946</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE: _____</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>2/22/06</b> Daytime Phone # <b>941-697-9722</b>					