

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

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

DOCUMENT # N47658

1. Entity Name
**WINDVIEW TOWNHOMES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**1909 RIVERSIDE DR # 11
EDGEWATER FL 32141**

Mailing Address
**1901 RIVERSIDE DR
11
EDGEWATER FL 32141 US**



02142007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3173626

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KELSEY, DAVID
1909 S. RIVERSIDE DR
SUITE 5
EDGEWATER, FL 32141**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BROWN, CATHY
1909 S RIVERSIDE DR, # 6
EDGEWATER, FL 32141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
RANIERI, KEITH
317 MARINERS GATE DR
EDGEWATER, FL 32141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
KELSEY, DAVID
1909 SOUTH RIVERSIDE DR UNIT 5
EDGEWATER, FL 32141**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000642658
03/01/07-80052-011 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:

David Kelsey

2/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #