


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # N47658	
1. Entity Name WINDVIEW TOWNHOMES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 1909 S RIVERSIDE DR # 11 EDGEWATER FL 32141	Mailing Address 1901 S RIVERSIDE DR # 11 EDGEWATER FL 32141 US
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01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3173626	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KELSEY, DAVID 1909 S. RIVERSIDE DR SUITE 5 EDGEWATER, FL 32141
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000800755 01/31/08-80030-011 61.25
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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	

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.
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SIGNATURE: <u>David Kelsey</u> <i>1/28/08</i>	Date _____	Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		