



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90237 023 ****61.25

DOCUMENT # N94000000094 1. Entity Name WINDSOR BAY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business AKAM SOUTH, INC. 6421 CONGRESS AVE STE 110 BOCA RATON, FL 33487 US				Mailing Address AKAM SOUTH, INC. 6421 CONGRESS AVE STE 110 BOCA RATON, FL 33487 US	
2. Principal Place of Business PRIME MANAGEMENT Suite, Apt. #, etc. 6300 PARK of Commerce Bldg City & State BOCA RATON Zip 33487		3. Mailing Address PRIME MANAGEMENT Suite, Apt. #, etc. 6300 Park of Commerce Bldg City & State BOCA RATON Zip 33487			
4. FEI Number 65-0470762				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 AKAM SOUTH INC. 6421 CONGRESS AVE STE 110 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name William Kay Street Address (P.O. Box Number is Not Acceptable) 3420 Windsor Place City Boca Raton FL Zip Code 33496	
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 X Wm Kay DATE 4/30/06 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	S FLEISHMAD, KATHERINE P. 5876 WINDSOR TERRACE BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLEISHMAN, KATHERINE P. 5876 WINDSOR TERRACE BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAY, WILLIAM DR 3420 WINDSOR PLACE BOCA RATON, FL 33496	<input 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	VP BERG, STAN 5865 WINDSOR COURT BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERGE STAN 5865 WINDSOR CRT BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BONCKICK, BOB 5819 WINDSOR TERRACE BOCA RATON, FL 33486	<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	<input type="checkbox"/> Delete	<input 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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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.					
SIGNATURE: X Wm Kay <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/30/06 Daytime Phone # 5614454990	