

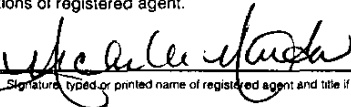
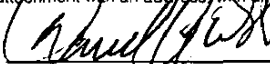


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90086 040 \*\*\*\*61.25

<b>DOCUMENT # N94000004802</b>					
<b>1. Entity Name</b> WINDWARD VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2476 N ESSEX AVE HERNANDO, FL 34442			<b>Mailing Address</b> 2476 N ESSEX AVE HERNANDO, FL 34442		
<b>2. Principal Place of Business</b> 2541 N RESTON TER Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2541 N RESTON TER Suite, Apt. #, etc.			
<b>City &amp; State</b> HERNANDO FL		<b>City &amp; State</b> HERNANDO FL		<b>4. FEI Number</b> 59-3287583	
<b>Zip</b> 34442		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ABEL, ERIC D 2476 N. ESSEX AVE HERNANDO, FL 34442				<b>7. Name and Address of New Registered Agent</b> Name: Cabana + Company Inc. Street Address (P.O. Box Number is Not Acceptable): 2541 N RESTON TER City: HERNANDO FL Zip Code: 34442	
<b>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.</b>					
<b>SIGNATURE</b> 				<b>DATE</b> 3/14/06	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> PD	<b>NAME</b> ABEL, ERIC D	<input checked="" type="checkbox"/> <b>Delete</b>	<b>TITLE</b> VICE PRESIDENT	<input type="checkbox"/> <b>Change</b>	<input checked="" type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b> 2476 N ESSEX AVE	HERNANDO, FL 34442		<b>NAME</b> JIM MILLS	407 W MICKEY MANTLE PATH	
<b>CITY-ST-ZIP</b>	HERNANDO, FL 34442		<b>STREET ADDRESS</b> 407 W MICKEY MANTLE PATH	HERNANDO FL 34442	
<b>TITLE</b> TD	<b>NAME</b> PASTOR, JOHN E	<input checked="" type="checkbox"/> <b>Delete</b>	<b>TITLE</b> TREASURER	<input type="checkbox"/> <b>Change</b>	<input checked="" type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b> 2476 N. ESSEX AVE	HERNANDO, FL 34442		<b>NAME</b> DARRELL WOLSKI	364 W GREENBERG CT	
<b>CITY-ST-ZIP</b>	HERNANDO, FL 34442		<b>STREET ADDRESS</b> 364 W GREENBERG CT	HERNANDO FL 34442	
<b>TITLE</b> SD	<b>NAME</b> DRISKILL, DEB	<input checked="" type="checkbox"/> <b>Delete</b>	<b>TITLE</b> DIRECTOR	<input type="checkbox"/> <b>Change</b>	<input checked="" type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b> 2476 N. ESSEX AVE	HERNANDO, FL 34442		<b>NAME</b> SHARON BECKWITH	1927 N EAGLE CHASE DR.	
<b>CITY-ST-ZIP</b>	HERNANDO, FL 34442		<b>STREET ADDRESS</b> 1927 N EAGLE CHASE DR.	HERNANDO FL 34442	
<b>TITLE</b> D	<b>NAME</b> RISKE, BILL	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> PRESIDENT	<input checked="" type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b> 430 W. FENWAY DR.	HERNANDO, FL 34442		<b>NAME</b>		
<b>CITY-ST-ZIP</b>	HERNANDO, FL 34442		<b>STREET ADDRESS</b>		
<b>TITLE</b> D	<b>NAME</b> CRAIG, AVIS M	<input checked="" type="checkbox"/> <b>Delete</b>	<b>TITLE</b>	<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>	
<b>STREET ADDRESS</b> 2476 N ESSEX AVE	HERNANDO, FL 34442		<b>NAME</b>		
<b>CITY-ST-ZIP</b>	HERNANDO, FL 34442		<b>STREET ADDRESS</b>		
<b>TITLE</b> D	<b>NAME</b> LOGSDON, WAYNE	<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> Secretary	<input checked="" type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>STREET ADDRESS</b> 1646 N. DIMAGGIO PATH	HERNANDO, FL 34442		<b>NAME</b>		
<b>CITY-ST-ZIP</b>	HERNANDO, FL 34442		<b>STREET ADDRESS</b>		
<b>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>					
<b>SIGNATURE:</b> 		<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> DARRELL A. WOLSKI		<b>DATE</b> 3-14-06	
				<b>DAYTIME PHONE #</b> 352-5274307	