

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002205

FILED
Apr 30, 2006
Secretary of State

Entity Name: WINDANCER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 59-3494907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASSEE, REGAN
Address: 11200 WEST 78TH ST
City-St-Zip: EDEN PRAIRIE, MN 55344 US

Title: DST () Delete
Name: FRYE, BOBBY R
Address: 4049 DRIFTING SAND TRAIL
City-St-Zip: DESTIN, FL 32541 US

Title: D () Delete
Name: CHAPMAN, JAMES
Address: 725 HAYCART LANE
City-St-Zip: BIRMINGHAM, AL 35244 US

Title: DP () Delete
Name: GIRARD, ROBERT
Address: 781 CUMBERLAND HILLS DRIVE
City-St-Zip: HENDERSONVILLE, TN 37075 US

Title: DV () Delete
Name: RUSSO, MIKE
Address: 3067 WATERFORD DR
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: D () Delete
Name: SMITH, MARK
Address: 196 FAIRWAYS
City-St-Zip: VICKSBURG, MS 39183 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY FRYE

DST

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date