

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000002650**

1. Entity Name  
**WINDY HILL CIVIC ASSOCIATION, INC.**



Principal Place of Business  
**10540 ANDERS BLVD  
JACKSONVILLE, FL 32246**

Mailing Address  
**3632 EVE DR E  
JACKSONVILLE, FL 32246**



02082006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3373905**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KAUPAS, ROBIN  
3632 EVE DR E  
JACKSONVILLE, FL 32246**

**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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KAUPAS, ROBIN
STREET ADDRESS	3632 EVE DR EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	BURGESS, THERESA
STREET ADDRESS	4347 DAIRY DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	VP
NAME	THORNTON, CECILE
STREET ADDRESS	4438 PACKARD DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	T
NAME	WATSON, PATRICIA
STREET ADDRESS	3762 FOREST BOULEVARD
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	BURRINGTON, KERRY
STREET ADDRESS	3502 PEACH DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	D
NAME	STACEY, EDNA
STREET ADDRESS	3417 WINDY HILL PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32246

000000451771  
03/10/06-80067-013 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-06 904 996-6468