

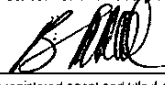
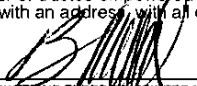


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90094 003 ****61.25

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|---|--|--|---|--|--|
| DOCUMENT # N98000000727 | | | |  | |
| 1. Entity Name THE WINDS OF ST. ARMANDS, SOUTH HOMEOWNERS ASSOCIATION INC. | | | | | |
| Principal Place of Business 3000 NORTH TUTTLE AVE. SARASOTA FL 34234 | | | Mailing Address 3000 NORTH TUTTLE AVE. SARASOTA FL 34234 | | |
| 2. Principal Place of Business 3000 N. TUTTLE AVE | | 3. Mailing Address 2880 HILLCREST DR | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 1st MOORE CR2E037 (10/04) | |
| City & State SARASOTA FL | | City & State SARASOTA FL | | 4. FEI Number 59-2645721 | |
| Zip 34234 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JANDRE, ED 3291 BAY OAKS DR. SARASOTA FL 34234 | | | 7. Name and Address of New Registered Agent Name BRIAN McDONOUGH Street Address (P.O. Box Number is Not Acceptable) 2880 HILLCREST DRIVE City SARASOTA FL Zip Code 34234 | | |
| 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  | | | DATE 3-7-05 | | |
| Signature, typed or printed name of registered agent and title if applicable | | | (NOTE: Registered Agent signature required when reinstating) | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 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 PD NAME JANDRO, ED STREET ADDRESS 3291 BAY OAKS DR. CITY-ST-ZIP SARASOTA FL 34234 | <input checked="" type="checkbox"/> Delete | | TITLE PD NAME BRIAN McDONOUGH STREET ADDRESS 2880 HILLCREST DR CITY-ST-ZIP SARASOTA, FL. 34234 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME MCDONOUGH, BRIAN STREET ADDRESS 2880 HILLCREST DR. CITY-ST-ZIP SARASOTA FL 34234 | <input type="checkbox"/> Delete | | TITLE SHARON ROLLINS STREET ADDRESS 2908 ROCKWOOD COVE CITY-ST-ZIP SARASOTA 34234 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE TD NAME SAMPEREY, MILLIE STREET ADDRESS 2948 REGENCY COVE CITY-ST-ZIP SARASOTA FL 34234 | <input checked="" type="checkbox"/> Delete | | TITLE LINDA McDONOUGH STREET ADDRESS 2880 HILLCREST DR. CITY-ST-ZIP SARASOTA 34234 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE ATD NAME PEAVEY, JOYCE STREET ADDRESS 3227 BAY OAKS DR. CITY-ST-ZIP SARASOTA FL 34234 | <input checked="" type="checkbox"/> Delete | | TITLE JUDY MORGAN STREET ADDRESS 2974 CIMARRON COVE CITY-ST-ZIP SARASOTA 34234 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE SD NAME SEYFARTH, GAIL STREET ADDRESS 3099 LAMPLIGHTER DR. CITY-ST-ZIP SARASOTA FL 34234 | <input checked="" type="checkbox"/> Delete | | TITLE PHYLLIS GLADWISH STREET ADDRESS 2859 BAY ARISTOCRAT DR CITY-ST-ZIP SARASOTA 34234 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE D NAME PALLOTTO, HARRIET STREET ADDRESS 3320 BAY OAKS DR. CITY-ST-ZIP SARASOTA FL 34234 | <input checked="" type="checkbox"/> Delete | | TITLE CHUCK DEBOER STREET ADDRESS 2949 BAY OAKS DR CITY-ST-ZIP SARASOTA 34234 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered. | | | | | |
| SIGNATURE:  | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRIAN McDONOUGH | | |
| Date | | | Daytime Phone # | | |