## **2006 FOR PROFIT CORPORATION**

## Mar 13, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P00000032088** 03-13-2006 90078 049 \*\*\*150.00 1. Entity Name WINDSTAR LAND DEVELOPMENT, INC. AUUF Principal Place of Business Mailing Address 2128 EL JOBEAN RD. 2128 EL JOBEAN RD. PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-1004275 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GUNDERSON, MIKO P Street Address (P.O. Box Number is Not Acceptable) C/O BATSEL, MCKINLEY, ITTERSAGEN, 1861 PLACIDA RD., STE. 204 ENGLEWOOD, FL 34223 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LOMBARDO, STEVEN NAME STREET ADDRESS 2128 EL JOBEAN RD. STREET ADDRESS CITY - ST - ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Addition TITLE ☐ Detete ☐ Change NAME NAME STREET ADORESS STREET ADDRESS

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 607, 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:

CITY-ST-ZIP

marko PED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

**FILED**