


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000094712  
 1. Entity Name  
 WINDWARD REAL ESTATE, INC.



Principal Place of Business      Mailing Address  
 5439 BEAUMONT CENTER BLVD.      5439 BEAUMONT CENTER BLVD.  
 SUITE 1050                              SUITE 1050  
 TAMPA, FL 33634                      TAMPA, FL 33634

**DO NOT WRITE IN THIS SPACE**



02232005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3605019      Not Applicable

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

6. Name and Address of Current Registered Agent

NADER, DAVID A  
 5439 BEAUMONT CENTER BLVD  
 SUITE 1050  
 TAMPA, FL 33634

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

U00000295931  
 04/09/05-80047-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NADER, DAVID A
STREET ADDRESS	5439 BEAUMONT CENTER BLVD STE 105
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	P
NAME	HORNE, THOMAS C
STREET ADDRESS	5439 BEAUMONT CENTER BLVD STE 1050
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VP
NAME	MILLER, EDWIN G
STREET ADDRESS	5439 BEAUMONT CENTER BLVD STE 1050
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David A Nader      Date: 3/14/05      Daytime Phone #: 013 085 7744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR