

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000094712

1. Entity Name

WINDWARD REAL ESTATE, INC.



Principal Place of Business

61 WINDWARD ISLAND
CLEARWATER, FL 33767 US

Mailing Address

61 WINDWARD ISLAND
CLEARWATER, FL 33767 US



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3605019

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NADER, DAVID A
61 WINDWARD ISLAND
CLEARWATER, FL 33767

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NADER, DAVID A
STREET ADDRESS	61 WINDWARD ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	VPSD
NAME	HORNE, THOMAS C
STREET ADDRESS	61 WINDWARD ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	VPT
NAME	MILLER, EDWIN G
STREET ADDRESS	61 WINDWARD ISLAND
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/19/08-80037-010 150.00

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David A Nader

1/29/08

727 447 1949