

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000102013

1. Entity Name
WINDWARD CAY EAST, INC.



FILED
Apr 27, 2006 08:00 AM
Secretary of State

Principal Place of Business
232 SOUTH DILLARD STREET
SUITE 201
WINTER GARDEN, FL 34787

Mailing Address
P.O. BOX 770609
WINTER GARDEN, FL 34777-0609



04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3617974

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PRATT, JAMES R
369 N. NEW YORK AVE., 3RD FLOOR
WINTER PARK, FL 32789

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000541140
05/10/06-80046-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUNE, ROHLAND A II P.O. BOX 396 N/A OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, MARC P.O. BOX 396 OAKLAND, FL 34760
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**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

Rohland June
Director

4/24/06
Date

407-905-8880
Daytime Phone #