

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36752

Entity Name: WINDWARD PATIO ASSOCIATION, INC.**Current Principal Place of Business:**3899 CAPE HAZE DR.
ROTONDA WEST, FL 33947**Current Mailing Address:**PO BOX 475
PLACIDA, FL 33946 US**FEI Number: 65-0183771****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BRANDENBERGER, JOHN E
3899 CAPE HAZE DR
ROTONDA WEST, FL 33947 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title VP, DIRECTOR
Name MUDD, CHARLES
Address 3899 CAPE HAZE DR
City-State-Zip: ROTONDA WEST FL 33947Title PRESIDENT, DIRECTOR
Name GUCCIARDO, LEONARD
Address 3899 CAPE HAZE DR.
City-State-Zip: ROTONDA WEST FL 33947Title VP, DIRECTOR
Name PLATT, JEFFREY
Address 3899 CAPE HAZE DR.
City-State-Zip: ROTONDA WEST FL 33947Title SECRETARY, DIRECTOR
Name BARTH-WHITE, GWENNETH
Address 3899 CAPE HAZE DR.
City-State-Zip: ROTONDA WEST FL 33947Title TREASURER, DIRECTOR
Name EVANSON, SAM
Address 3899 CAPE HAZE DRIVE
City-State-Zip: ROTONDA WEST FL 33947

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEONARD GUCCIARDO**PRESIDENT****03/25/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date