(941) 383-357 1

JULY 23, 1998

Date

SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE Jul 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 725498 (0)WINDWARD BAY, INC. Principal Place of Business Mailing Address 4888 GULF OF MEXICO DR. 4888 GULF OF MEXICO DR. 3. Date Incorporated or Qualified LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 02/07/1973 4. FEI Number Applied For 59-1683876 Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association?

Ves No 23 28 Zip Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Country Country 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOBECK, DANIEL J 82 Street Address (P.O. Box Number is Not Acceptable) THE COURTVIEW BUILDING 83 2063 MAIN STREET, STE. 101 SARASOTA FL 34237 84 City 85 Zlp Code 11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (2/88) (2/88) 12. 13. 1.1 TITLE DELETE Change Addition NAME STEAGALL, LARRY 1.2 NAME STREET ADDRESS 4700 GULF OF MEXICO DRIVE 1.3 STREET ADDRESS LONGBOAT KEY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE Change Addition NAME MITCHELL, PAUL 22 NAME 4540 GULF OF MEXICO DRIVE STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 2.4 CITY-ST-ZIP VICE PLESIOENT TITLE DELETE 3.1 TITLE Change Addition JEROME WEISSMAN NAME SHAPIRO, BEVERLY 3.2 NAME 4940 GOLF OF MEXICO DRIVE APHI STREET ADDRESS 4700 GULF OF MEXICO DRIVE 3.3 STREET ADDRESS 34228 LONGBOAT KEY FL CITY-ST-ZIP LONGBOAT KEY FL 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME COHEN, ED STREET ADDRESS 4974 GULF OR MEXICO DRIVE 4.3 STREET ADDRESS CITY-ST-ZIP LONGBOAR KEY FL 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition 5.2 NAME DAYAN, JAY 4970 GULF OF MEXICO DR 5.3 STREET ADDRESS STREET ADDRES CITY-ST-ZIP <u>L**o**ngboat key fl</u> 5.4 CITY-ST-ZIP TITLE 6.1 TITLE Change Addition DELETE NAME RYALL, BOB 6.2 NAME **STREET ADDRESS** 4840 GULF OF MEXICO DR 6.3 STREET ADDRESS <u>L**o**ngboat</u> key fl 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Mussman

SIGNATURE: