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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725498

1. Corporation Name

WINDWARD BAY, INC.

Principal Place of Business	*Mailing Address*
4888 GULF OF MEXICO DR. LONGBOAT KEY FL 34228	4888 GULF OF MEXICO DR. LONGBOAT KEY FL 34228

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/07/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1683876 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOBECK, DANIEL J [redacted] 2033 MAIN STREET [redacted] SARASOTA FL 34237	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	STEAGALL, LARRY		1.2 NAME	BRAUDE, DAN	
STREET ADDRESS	4700 GULF OF MEXICO DRIVE		1.3 STREET ADDRESS	4500 GULF OF MEX. DR	
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP	LONGBOAT KEY, FL	
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, PAUL		2.2 NAME		
STREET ADDRESS	4540 GULF OF MEXICO DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEISSMAN, JEROME		3.2 NAME		
STREET ADDRESS	9960 GULF OF MEXICO DR APH1		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, ED		4.2 NAME		
STREET ADDRESS	4974 GULF OR MEXICO DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAR KEY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAYAN, JAY		5.2 NAME		
STREET ADDRESS	4970 GULF OF MEXICO DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RYALL, BOB		6.2 NAME		
STREET ADDRESS	4840 GULF OF MEXICO DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL		6.4 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED STEVEN A. GOODING 1/4/99 941-383-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #