

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90028 035 ****61.25

DOCUMENT # 725498

1. Entity Name

WINDWARD BAY, INC.

Principal Place of Business

**4888 GULF OF MEXICO DR.
 LONGBOAT KEY FL 34228**

Mailing Address

**4888 GULF OF MEXICO DR.
 LONGBOAT KEY FL 34228**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1683876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LOBECK, DANIEL J
 THE COURTVIEW BUILDING
 2033 MAIN STREET SUITE 403
 SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
 NAME **LINTON, TED**
 STREET ADDRESS **4800 GULF OF MEXICO DRIVE #206**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **T** ☐ Delete
 NAME **STEAGALL, LARRY P**
 STREET ADDRESS **4700 GULF OF MEXICO DRIVE # PH5**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **Vice President** ☐ Delete
 NAME **BIELAT, LARRY**
 STREET ADDRESS **4600 GULF OF MEXICO DRIVE #206**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **S** ☐ Delete
 NAME **COHEN, ED**
 STREET ADDRESS **4974 GULF OF MEXICO DRIVE**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **D** ☐ Delete
 NAME **GORNOWICZ, CAROLYN**
 STREET ADDRESS **4960 GULF OF MEXICO DRIVE # PH3**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **P** ☐ Delete
 NAME **RYALL, BOB**
 STREET ADDRESS **4840 GULF OF MEXICO DR**
 CITY-ST-ZIP **LONGBOAT KEY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **Eileen Paolicelli**
 STREET ADDRESS **4972 Gulf of Mexico Drive**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **JOHN D HAARTIGAN**
 STREET ADDRESS **4540 Gulf of Mexico Drive # 303**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 617, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LARRY P. STEAGALL 3-1-02

941 383-3571

CR2E037 (9/01)