2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 10, 2003 8:00 am § Secretary of State **DOCUMENT # 725498** 1. Entity Name 03-10-2003 90123 006 ****61.25 WINDWARD BAY, INC. Principal Place of Business Mailing Address 4888 GULF OF MEXICO DR. 4888 GULF OF MEXICO DR. 10035295 LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1683876 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOBECK, DANIEL J Street Address (P.O. Box Number is Not Acceptable) THE COURTVIEW BUILDING 2033 MAIN STREET SUITE 403 SARASOTA FL 34237 City 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. 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 reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VICE RESIDENT Change 11. n TITLE ☐ Delete TITLE Addition ☐ Change JERRY WEISSMAN NAME EILEEN, PAOLICELLI NAME 4960 GILF OF MEXICO DRIVE, STREET ADDRESS 4922 GULF OF MEXICO DRIVE STREET ADDRESS CITY-ST-ZIP Long BOAT Key LONGBOAT KEY FL 34228 CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Change ☐ Addition STEAGALL, LARRY P NAME NAME 4700 GULF OF MEXICO DRIVE # PH5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LONGBOAT KEY FL 34228** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition **BIELAT. LARRY** NAME NAME STREET ADDRESS 4600 GULF OF MEXICO DRIVE #206 STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition COHEN, ED NAME NAME 4974 GULF OR MEXICO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAR KEY FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GORNOWICZ, CAROLYN NAME NAME STREET ADDRESS 4960 GULF OF MEXICO DRIVE # PH3 STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RYALL, BOB NAME NAME 4840 GULF OF MEXICO DR

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 ado

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

LONGBOAT KEY FL

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