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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737514 (0)

1. Corporation Name
WINDLASSES OF THE WINDJAMMERS OF CLEARWATER, INC

Principal Place of Business	Mailing Address
5152 58 LANE N. KENNETH CITY FL 33709	5152 58 LANE N. KENNETH CITY FL 33709

3. Date Incorporated or Qualified: 12/13/1976

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALLEN, GAIL
5152 58 LANE N.
KENNETH CITY FL 33709

10. Name and Address of New Registered Agent

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	PD	☒ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	LEES, LYN		1.2 NAME	SOTO ELSA
STREET ADDRESS	13300 INDIAN ROCKS RD. #901		1.3 STREET ADDRESS	1012 KNOLLWOOD CT.
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	VD	☒ DELETE	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	LANE, ARLENE		2.2 NAME	BUELL, TEDDY
STREET ADDRESS	3157 SAN MATEO ST		2.3 STREET ADDRESS	2778 COUNTRYSIDE BLVD. #3
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	TD	☒ DELETE	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	SCOTT, MARY JANE		3.2 NAME	SCHWEIGER, THERESA
STREET ADDRESS	1914 WINDING WAY		3.3 STREET ADDRESS	P.O. BOX 98 - 109 LIMETTA ST
CITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP	OZONA FL 34660
TITLE	SD	☒ DELETE	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	HOLMES, LEE		4.2 NAME	HALL, BARBARA
STREET ADDRESS	908 MAPLE RIDGE RD		4.3 STREET ADDRESS	1640 CINNAMON LANE
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: Theresa Schweiger 1-26-98 813 7858246