### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # 738981

2. Principal Place of Business
Holiday Isle Managemen

7850 Ulmerton Rd., Stel

Corporation Name

## WINDING WOOD CONDOMINIUM VII ASSOCIATION, INC.

Principal Place of Business

Mailing Address

552 MAIN ST

SAFETY HARBOR FL 34695

Suite, Apt. #, etc.

City & State

552 MAIN ST

2a. Mailing Address

Suite, Apt. #, etc.

City & State

SAFETY HARBOR FL 34695

# FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90120 011 \*\*\*\*61.25

2 8 4 4 2 5 \* 204425-90120-11

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

05/09/1977

59-1743509

4. FEI Number



23		28						ee req	uii 00	
<sup>Zip</sup> 33771	Country	Zip		ountry		6. Election Campaign Financing		5.00 N		
24 33//1	25	29	30			Trust Fund Contribution		dded to	Fees	
9. Name	and Address of Current	Registered Agen	t			10. Name and Address of New Registere	d Agent			
				81	Name					
MEZER, STEVEN H P.A.				82	82 Street Address (P.O. Box Number is Not Acceptable)					
1212 COURT ST										
S-B				83						
CLEARWATER FL 34616 33756				84	City	FL 85 Zip Code				
office or registered ac	ions of Sections 617.0502 ent, or both, in the State of th, and accept the obligation	Florida. Such chi	ange was authoriz	ea by 1	ine corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	of chang pointment	ing its regi	egistered stered	
SIGNATURE	or printed name of registered agent a	and title if applicable.	(NOTE: Register	ed Ageni	t signature re	equired when reinstating) DATE				
12.	OFFICERS AND		1:	3.		ADDITIONS/CHANGES TO OFFICERS				
TITLE PD			DELETE 1.1	TITLE	r	PD	KI C	nange	Addition	
1	COLE, MICHAEL J					Cole, Michael J.				
1 ,	2771 SAND HOLLOW CT				3 STREET ADDRESS 2771 Sand Hollow Court					
CITY-ST-ZIP CLEARW	ATER, FL 0 33765		1.4	CITY-ST	r-ZIP	Clearwater, FL 33761				
TITLE VD		Ş	DELETE 2.1	TITLE		VD	C	hange	Addition Addition	
NAME ATWELL,	DAVID		22	NAME.		Maxson, Judy 2763 Sand Hollow Cour	L			
	NDHOLLOW CT		2.3	STREET	ADDRESS	2763 Sand Hollow Cour	L			
I	ATER FL 33761		2. 4	CITY-S	T-ZIP	Clearwater, FL 33761				
TITLE SD			DELETE 3.1	TITLE		SD	Ϋ́c	hange	Addition	
NAME DOOHEL	DOOTIES, WARDIA			NAME		Doohen, Marcia				
				STREET	2741 Sand Hollow Cour					
CITY-ST-ZIP CLEARW	· · · · · · · · · · · · · · · · · · ·		3.4	. CITY-S	T-ZIP	Clearwater, FL 33761				
TITLE TD			DELETE 4.1	TITLE		TD	₽c	hange	☐ Addition	
NAME LILES, RE	DBERT W		4. 2	NAME		Liles, Robert W. 2718 Sand Hollow Cour				
				STREET	ADDRESS		C.			
CITY-ST-ZIP CLEARW	ATER, FL 00000 33765	v	. 4.4	CITY-ST	r-ZIP	Clearwater, FL 33761				
TITLE D			DELETE 5.1	TITLE		D Carol Borez	<b>⊡</b> C	hange	Addition	
NAME ELFSTRO	ELFSTRUM, ELIZADETH			NAME	Funaro, Carol Perez 2704 Sand Hollow Court					
STREET ADDRESS 2747 SA				STREET	ADDRESS		_			
CITY-ST-ZIP CLEARW	ATER, FL 00000 33761			CITY-S1	r-ZIP	Clearwater, FL 33761				
TITLE			DELETE 6.1	TITLE			□c	hange	☐ Addition-	
NAME			6.2	NAME						
STREET ADDRESS			6.3	STREET	ADDRESS					
CITY-ST-7IP				CITY-S1						
14. I hereby certify that the	e information supplied with	this filing does n	ot qualify for the ex	kempti	on stated	d in Section 119.07(3)(i), Florida Statutes. I further ature shall have the same legal effect as if made u	certify tha	at the in	formation	

. 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 is 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQMichael J. Cole, Pres. 1/17/99 727.530 4517

Daytime Phone

2E037 (11/98)

Applied For

\$8.75 Additional

Not Applicable