

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00260 (2)

1. Corporation Name

WINDING CREEK, PHASE VI CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

1700 McMULLEN BOOTH ROAD 3C-3
CLEARWATER FL 34619

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CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1983

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2425552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKS, JOYCE
1700 McMULLEN BOOTH RD C-3
CLEARWATER FL 34619

81 Name

Lennard Leighton

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

C/O Seaboard Arbors Management Services, Inc.

83

1700 McMullen Booth Road, Suite C-3

84 City

Clearwater, Fl.

FL

85

Zip Code
34619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(If New Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	CADWELL, PATRICIA
STREET ADDRESS	2400 WINDING CREEK BL
CITY - ST - ZIP	CLEARWATER FL
TITLE	D
NAME	DRAKE, PAUL
STREET ADDRESS	2400 WINDING CREEK BLVD.
CITY - ST - ZIP	CLEARWATER FL
TITLE	STD
NAME	RUFFOLD, ELSIE
STREET ADDRESS	2400 WINDING CREEK BL
CITY - ST - ZIP	CLEARWATER FL
TITLE	PD
NAME	LEE, HOMER
STREET ADDRESS	2400 WINDING CREEK BLVD.
CITY - ST - ZIP	CLEARWATER FL
TITLE	VD
NAME	GRIFFITHS, JOYCE
STREET ADDRESS	2400 WINDING CREEK BLVD.
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	Duncan, Craig	
1.3 STREET ADDRESS	2400 Winding Creek Blvd., #18B-103	
1.4 CITY - ST - ZIP	Clearwater, Fl. 34621	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	STD	☒ Change ☐ Addition
3.2 NAME	Ruffolo, Elsie	
3.3 STREET ADDRESS	2400 Winding Creek Blvd., #18A-110	
3.4 CITY - ST - ZIP	Clearwater, Fl. 34621	
4.1 TITLE	PD	☒ Change ☐ Addition
4.2 NAME	Lee, Lucky	
4.3 STREET ADDRESS	2400 Winding Creek Blvd., #18B-202	
4.4 CITY - ST - ZIP	Clearwater, Fl. 34621	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOMER A LEE

DATE

Anytime Before 8

4-18-95 797-6069