

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

1700 MCMULLEN BOOTH ROAD 3C-3
CLEARWATER FL 34619



3. Date Incorporated or Qualified
12/08/1983

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2425552

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

LENNARD, LEIGHTON
1700 MCMULLEN BOOTH RD C-3
CLEARWATER FL 34619

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12

TITLE VD ☐ DELETE
NAME DUNCAN, CRAIG
STREET ADDRESS 2400 WINDING CREEK BLVD #18B-103
CITY-ST-ZIP CLEARWATER FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME DRAKE, PAUL
STREET ADDRESS 2400 WINDING CREEK BLVD.
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME S/T/D
2.3 STREET ADDRESS MARY LOU PALMER
2.4 CITY-ST-ZIP 2400 WINDING CREEK BLVD., #18B-104
CLEARWATER, FL 34621

TITLE STD ☒ DELETE
NAME RUFFOLD, ELSIE
STREET ADDRESS 2400 WINDING CREEK BLVD, #18A-110
CITY-ST-ZIP CLEARWATER FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME LEE, LUCKY
STREET ADDRESS 2400 WINDING CREEK BLVD #18B-202
CITY-ST-ZIP CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME GRIFFITHS, JOYCE
STREET ADDRESS 2400 WINDING CREEK BLVD.
CITY-ST-ZIP CLEARWATER FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 119.07(3)(k), 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

3-26-96 747-6069
Date Daytime Phone #

CR2E037 (12/95)