


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 34619-2130**



3. Date Incorporated or Qualified **12/08/1983** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2425552</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

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	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0602 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 617.0603, 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 IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>DUNCAN, CRAIG</del>			1.2 NAME	DUNCAN, CRAIG		
STREET ADDRESS	2400 WINDING CREEK BLVD #18B-103			1.3 STREET ADDRESS	2400 WINDING CREEK BLVD #18B-103		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	CLEARWATER FL		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARY LOU PALMER			2.2 NAME	CADWELL, PAT		
STREET ADDRESS	2400 WINDING CREEK BLVD #18-104			2.3 STREET ADDRESS	2400 WINDING CREEK BLVD. #18A-106		
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP	CLEARWATER FL		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, LUCKY			3.2 NAME	PALMER, MARY LOU		
STREET ADDRESS	2400 WINDING CREEK BLVD #18B-202			3.3 STREET ADDRESS	2400 WINDING CREEK BLVD. #18B-104		
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP	CLEARWATER FL		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	RUFFOLO, ELSIE		
STREET ADDRESS				4.3 STREET ADDRESS	2400 WINDING CREEK BLVD.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	CLEARWATER FL		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	VAGUNDY, JOANNA		
STREET ADDRESS				5.3 STREET ADDRESS	2400 WINDING CREEK BLVD. #18A-209		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	CLEARWATER FL		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)