FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

23

24

Zip

N00260

WINDING CREEK, PHASE VI CONDOMINIUM ASSOCIATION.

Country

Principal Place of Business Mailing Address 1700 MCMULLEN BOOTH ROAD 3C-3 CLEARWATER FL 34619 1700 MCMULLEN BOOTH ROAD 3C-3 CLEARWATER FL 34619

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FILED Mar 09 1998 8:00am Secretary of State

Date Incorporated or Qualified 12/08/1983	
FEI Number	Applied For
59-2425552	Not Applicable
Certificate of Status Desired	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible

Yes

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**

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

١"	1401110	
82	Street Address (P.O. Box Number is Not Acceptable)	_
83		
Ř4	City RS Zin Code	_

Personal Property Tax due June 30.

3. 4.

Б.

6.

7.

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

Country

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	<u> </u>	13.		FFICERS AND DIRECTORS IN	12				
TITLE	PD	X DELETE	1.1 TITLE			Addition				
NAME	DUNCAN, CRAIG		1.2 NAME							
STREET ADDRESS	2400 WINDING CREEK BLVD., #18B-103		1.3 STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP							
TITLE	VD	DELETE	2.1 TITLE		Change	Addition				
NAME	CADWELL, PAT		2.2 NAME							
STREET ADDRESS	2400 WINDING CREEK BLVD., #18A-106		2.3 STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP	L						
TITLE	STD	DELETE	3.1 TITLE		☐ Change ☐	Addition				
NAME	Palmer, Mary Lou		3.2 NAME							
STREET ADDRESS	2400 WINDING CREEK BLVD., #18B-104		3.3 STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL		3.4. CITY-ST-ZIP							
TITLE	D	DELETE	4.1 TITLE	1000	☐ Change ☐	Addition				
NAME	Ruffolo, Elsie		4. 2 NAME							
STREET ADDRESS	2400 WINDING CREEK BLVD.		4.3 STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP							
TITLE	D	DELETE	5.1 TITLE	STD	☐ Change K	Addition				
NAME	VAGUNDY, JOANNA		5.2 NAME	MAXEY, ROY						
STREET ADDRESS	2400 WINDING CREEK BLVD., #18A-209		5.3 STREET ADDRESS	2400 WINDING CRE	EK BLVD #18B-	-102				
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	CLEARWATER FL						
TITLE		☐ DELÉTÉ	6.1 TITLE	PD	Change 3	Addition				
NAME			6.2 NAME	LEE, LUCKY						
STREET ADDRESS			6.3 STREET ADDRESS	2400 WINDING CRES	EK BLVD #18B-2	202				
CITY OT 210			SACITY OT 710	OT DADMAGED DE	• -					

14. Thereby 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: