


FILE NOW: FILING FEE IS \$61.25

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Apr 15, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00260

1. Corporation Name
WINDING CREEK, PHASE VI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1700 MCMULLEN BOOTH ROAD 3C-3 CLEARWATER FL 34619	Mailing Address 1700 MCMULLEN BOOTH ROAD 3C-3 CLEARWATER FL 34619
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/08/1983
22. SEABOARD ARBORS MGMT 2189 CLEVELAND ST., #225	27. SEABOARD ARBORS MGMT 2189 CLEVELAND ST., #225	4. FEI Number 59-2425552
23. CLEARWATER, FL 33765 (727) 466-0571	28. CLEARWATER, FL 33765 (727) 466-0571	Applied For Not Applicable
24.	29.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LENNARD, LEIGHTON
 SEABOARD ARBORS MGMT
 2189 CLEVELAND ST., #225
 CLEARWATER, FL 33765

10. Name and Address of New Registered Agent

81 Name LENNARD A. LEIGHTON
82 Str. SEABOARD ARBORS MGMT
83 2189 CLEVELAND ST., #225
84 City CLEARWATER, FL 33765
85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0502, Florida Statutes.

SIGNATURE *[Signature]* DATE **3/31/99**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MAXEY, ROY	
STREET ADDRESS	2400 WINDING CREEK BLVD #18B-102	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CADWELL, PAT	
STREET ADDRESS	2400 WINDING CREEK BLVD., #18A-106	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEE, LUCKY	
STREET ADDRESS	2400 WINDING CREEK BLVD #18B-202	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOANNA VAN GUNDY	
1.3 STREET ADDRESS	2400 WINDING CREEK BLVD. #18A-209	
1.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BILL PALMER	
2.3 STREET ADDRESS	2400 WINDING CREEK BLVD. #18B-104	
2.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LUCKY LEE	
3.3 STREET ADDRESS	2400 WINDING CREEK BLVD. 18B-202	
3.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARLENE SCOTT	
4.3 STREET ADDRESS	2400 WINDING CREEK BLVD. #18B-204	
4.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOYCE GRIFFITHS	
5.3 STREET ADDRESS	2400 WINDING CREEK BLVD. #21A-104	
5.4 CITY-ST-ZIP	CLEARWATER, FL 33761	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE *[Signature]* DATE **3/31/99** DAYTIME PHONE # **727-797-6069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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