## 2007 NOT-FOR-PROFIT CORPORAT®ON® ANNUAL REPORT (AR)

## FILED DOCUMENT # N00260 Mar 08, 2007 08:00 AM 1. Entity Name **Secretary of State** WINDING CREEK, PHASE VI CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address SEABOARD ARBORS MGMT SEABOARD ARBORS MGMT 2189 CLEVELAND ST., #225 CLEARWATER FL 33765 2189 CLEVELAND ST., #225 CLEARWATER FL 33765 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/06) 1st MOORE Applied For City & Stato City & State 4. FEI Number 59-2425552 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LEIGHTON, LENNARD A Stroot Address (P.O. Box Number is Not Acceptable) 2189 CLEVELAND ST., #225 **CLEARWATER FL 33765** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE SD TITLE ☐ Change ☐ Addition Delete NAME HON, JO ANNE NAME U00000659756 03/16/07-80044-004 61.25 STREET ADDRESS STREET ADDRESS 2400 WINDING CREEK BLVD #18B-201 CITY - SI - ZIP CITY-ST-ZIP CLEARWATER FL 33761 ☐ Change · ☐ Addition TD ☐ Delele TITLE NAME SCOTT, ARLENE NAME STREET ADDRESS 2400 WINDING CREEK BLVD #18B-204 STREET ADDRESS CITY-SI-7IP CHY-ST-7IP CLEARWATER FL 33761 DITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME HANSELL, BEVERLY STREET ADDRESS STREET ADDRESS 2400 WINDING CREEK BLVD #18B-105 CITY - ST - ZIP CITY-ST-ZIP CLEARWATER FL 33761 THLE ☐ Delete ☐ Change ☐ Addition VPD NAME CADWELL, PAT STREET ADDRESS STREET ADDRESS 2400 WINDING CREEK BLVD #18A-105 CHY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33761 □ Change TITLE PD ☐ Delete ☐ Addition IIILE NAME ALEXANDER, LARRY NAME STREET ADDRESS STREET ADDRESS 2400 WINDING CREEK BLVD #18B-202 CITY - SI - 7IP CITY-ST-7E **CLEARWATER FL 33761** ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS

12. Thereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Law W. al

CITY-SI-ZIP

W. alejander