

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00260

FILED
Jan 26, 2009
Secretary of State

Entity Name: WINDING CREEK, PHASE VI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2425552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGHTON, LENNARD A
2189 CLEVELAND ST., #225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HON, JO ANNE
Address: 2400 WINDING CREEK BLVD #18B-201
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Delete
Name: SCOTT, ARLENE
Address: 2400 WINDING CREEK BLVD #18B-204
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: HANSELL, BEVERLY
Address: 2400 WINDING CREEK BLVD #18B-105
City-St-Zip: CLEARWATER, FL 33761

Title: VPD () Delete
Name: CADWELL, PAT
Address: 2400 WINDING CREEK BLVD #18A-105
City-St-Zip: CLEARWATER, FL 33761

Title: PD () Delete
Name: ALEXANDER, LARRY
Address: 2400 WINDING CREEK BLVD #18B-202
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change () Addition
Name: SCOTT, ARLENE
Address: 2400 WINDING CREEK BLVD #18B-204
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Change () Addition
Name: HANSELL, BEVERLY
Address: 2400 WINDING CREEK BLVD #18-105
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Change () Addition
Name: MCEVOY, JOE
Address: 2400 WINDING CREEK BLVD #21A-104
City-St-Zip: CLEARWATER, FL 33761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ALEXANDER

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date