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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44960 (5)

1. Corporation Name
WINDWARD CAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business ATTWOOD-PHILLIP, INC. P.O. BOX 1208 WINTER PARK FL 32780	Mailing Address ATTWOOD-PHILLIP, INC. P.O. BOX 1208 WINTER PARK FL 32780
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3. Date Incorporated or Qualified 08/30/1891	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3085569	

21. Principal Place of Business 2180 WEST SR 434	2a. Mailing Address 2180 WEST SR 434
22. Suite, Apt. #, etc. SUITE 5000	27. Suite, Apt. #, etc. SUITE 5000
23. City & State LONGWOOD FL	28. City & State LONGWOOD FL
24. Zip 32779	29. Zip 32779
25. Country US	30. Country US

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

CALPULLIPS, SUE
1350 ORANGE AVE.
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

81 Name	JAMES W. HART, JR.
82 Street Address (P.O. Box Number is Not Acceptable)	SENTRY MANAGEMENT, INC.
83	2180 WEST SR 434, SUITE 5000
84 City	LONGWOOD
85 Zip Code	FL 32779

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *JWH* **JAMES W. HART, JR.** 2/3/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DALY, MICHAEL	
STREET ADDRESS	4784 WINDWARD DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MCCLOSKEY, ADRIAN	
STREET ADDRESS	4788 WINDWOOD DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAMARA, CASEMIRO	
STREET ADDRESS	P.O. BOX 421430	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCCRATH, MICHAEL	
STREET ADDRESS	4756 WINDWOOD DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34743	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George Coleman	
2.3 STREET ADDRESS	122 Verbena Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32807	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	4709 Alexis Drive	
3.4 CITY-ST-ZIP	Kissimmee, FL 34746	
4.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Douglas Pollard	
4.3 STREET ADDRESS	4756 Windward Drive	
4.4 CITY-ST-ZIP	Kissimmee, FL 34746	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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.

SIGNATURE: *Va Lunk* **CAS CAMARA** 2/13/98
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0016255

CR2E037 (10/97)