

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007085

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** THE POOLS AT WINDWARD PASSAGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

213 WINDWARD PASSAGE  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

213 WINDWARD PASSAGE  
CLEARWATER, FL 33767

**New Mailing Address:**

**FEI Number:** 59-3594786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAYNOR, JOSEPH W  
219 WINDWARD PASSAGE  
CLEARWATER, FL 33767 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: PD  
Name: MEEK, JOHN  
Address: 213 WINDWARD PASSAGE  
City-St-Zip: CLEARWATER, FL 33767

Title: VD  
Name: FLINT, NELSON  
Address: 229 WINDWARD PASSAGE  
City-St-Zip: CLEARWATER, FL 33767

Title: TD  
Name: BROCK, BRUCE  
Address: 211 WINDWARD PASSAGE  
City-St-Zip: CLEARWATER, FL 33767

Title: SD  
Name: HERSHMAN, CAROLE  
Address: 221 WINDWARD PASSAGE  
City-St-Zip: CLEARWATER, FL 33767

I hereby 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 all other like empowered.

SIGNATURE: BRUCE BROCK

TD

03/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date