2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9900005415 Sep 12, 2000 8:00 am Secretary of State WINDWARD PARK HOMEOWNERS' ASSOCIATION, INC. 09-12-2000 90013 028 \*\*\*\*61.25 Principal Place of Business Mailing Address 606 TRUMAN AVENUE. 606 Truman Avenue. 🗪 KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROGEL, DAVID H BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DR., SUITE 100 City Zip Code **MIAMI FL 33126** 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 SIGNATURE DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Channe ☐ Addition SPIROS ZAKAS NAME RUSKIN, SUSAN NAME 200 VAN BUROH ST. STREET ADDRESS STREET ADDRESS 606 TRUMAN AVENUE. #3 CITY-ST-7(P CITY-ST-7IP KEY WEST FL 33040 Holly Wood, FL Change ☐ Addition TITLE ☐ Delete TITLE NAME ZAKAS, SPIROS NAME STREET ADDRESS 1200 VAN BUROH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33019 Delete ----☐ Change Addition STD. -TITLE NAME **NEIGHOFF, T** NAME **637 DUNKELD COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEVERNA PARK MD 21146 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. 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 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 resisted exprovered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 chapters and the results of the corporation of the results of the sadd to with all other lines. changed, or on an atta

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING