1/
1/1

FILED
May 21, 2002 8:00 am
Secretary of State
01-17-2002 90016 036 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005415

1. Entity Name

WINDWARD PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
606 TRUMAN AVENUE, #14 KEY WEST FL 33040 US	606 TRUMAN AVENUE, #14 KEY WEST FL 33040 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0985127 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANTHONY, J D 708 WASHINGTON STREET KEY WEST FL 33040	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE March 5, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUSKIN, SUSAN 606 TRUMAN AVENUE, #3 KEY WEST FL 33040	☑ Delete	TITLE VP D NAME NEIL McMICHAEL STREET ADDRESS 606 TRUMAN Ave. #1 CITY-ST-ZIP Key West FL 33040	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZAKAS, SPIROS 1200 VAN BUROH STREET HOLLYWOOD FL 33019	☑ Delete	TITLE P D NAME ~~KERRY BAILEY~~ STREET ADDRESS ~~606 Truman Ave #1~~ CITY-ST-ZIP ~~Key West FL 33040~~	~~☑ Change~~ ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIRECI, TOM 1128 FLAGLER AVENUE KEY WEST FL 33040	~~☑~~ Delete	TITLE P D NAME ED KOUACH Pres. D STREET ADDRESS 20780 GARDEN Rd. S. CITY-ST-ZIP SHOREWOOD, MINN. 55337	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE Sec. D NAME DEBBRA GRAY STREET ADDRESS 3560 PINE GROVE Ave. CITY-ST-ZIP PORT HURON, MICH. 48060	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 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.

SIGNATURE: SIGNATURE REQUIRED Neil McMichael 3/2/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Neil C. McMichael (305) 295-6608