2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State
03-10-2003 90134 002 ****61.25

000532

DOCUMENT # N99000005415

1. Entity Name
WINDWARD PARK HOMEOWNERS' ASSOCIATION, INC.

44005711

☐ CHECK HERE IF MAKING CHANGES

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

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

~~ANTHONY, J.D.~~
~~708 WASHINGTON STREET~~
~~KEY WEST FL 33040~~ Deceased

7. Name and Address of New Registered Agent

Name Neil McMichael
Street Address (P.O. Box Number is Not Acceptable)
606 Truman Ave #1
City Key West FL Zip Code 33040

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Neil McMichael, Neil McMichael V 7-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCMICHAEL, NEIL 606 TRUMAN AVE # 1 KEY WEST FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOUACH, ED 20780 GARDEN RD S SHOREWOOD MN 55337	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(Spelling Correction only) ☒ Change ☐ Addition "KOVACH"
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRAY, DEBBRA 3560 PINE GROVE AVE PORT HURON MI 48060	☐ 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
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 (4/03)

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: ~~Neil McMichael~~ 7-29-03 (305) 295-6608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #