

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90014 001 ***450.00

DOCUMENT # P95000032045

1. Entity Name

WINDWARD HOMES, INC.

Principal Place of Business

Mailing Address

SUITE 108
 5402 BEAUMONT CENTER BLVD.
 TAMPA FL 33634
 US

SUITE 108
 5402 BEAUMONT CENTER BLVD.
 TAMPA FL 33634-5202
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3310863

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NADER, DAVID A
18101 HERON WALK DR
TAMPA FL 83647

Name **Nader, David A**

Street Address (P.O. Box Number is Not Acceptable)
Suite 108, 5402 Beaumont Center Blvd.

City **Tampa**

FL

Zip Code **33634**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D NADER, DAVID A**
 STREET ADDRESS **18101 HERON WALK DR**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE Change Addition
 NAME **President Nader, David A**
 STREET ADDRESS **Suite 108, 5402 Beaumont Center Blvd.**
 CITY-ST-ZIP **Tampa FL 33634**

TITLE Delete
 NAME **D HORNE, THOMAS C**
 STREET ADDRESS **635 NO. MAYO STREET**
 CITY-ST-ZIP **CRYSTAL BEACH FL 34681**

TITLE Change Addition
 NAME **V.P., Secretary Horne, Thomas C**
 STREET ADDRESS **Suite 108, 5402 Beaumont Center Blvd.**
 CITY-ST-ZIP **Tampa FL 33634**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Treasurer MILLER, EDWIN G.**
 STREET ADDRESS **Suite 108, 5402 Beaumont Center Blvd.**
 CITY-ST-ZIP **Tampa, FL 33634**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

(813) 885-7744

Daytime Phone #

CR2E034 (9/99)