

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90432 001 ***458.75

DOCUMENT # **P95000032045**



1. Entity Name
WINDWARD HOMES, INC.

Principal Place of Business
**5439 BEAUMONT CENTER BLVD
SUITE 1050
TAMPA FL 33634
US**

Mailing Address
**5439 BEAUMONT CENTER BLVD
SUITE 1050
TAMPA FL 33634
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**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NADER, DAVID A
5402 BEAUMONT CENTER BLVD
SUITE 108
TAMPA FL 33634**

Name
Street Address (P.O. Box Number is Not Acceptable)
**5439 Beaumont Center Blvd.
Suite 1050**
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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/15/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	NADER, DAVID A	
STREET ADDRESS	5402 BEAUMONT CENTER BLVD STE 108	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	P	<input type="checkbox"/> Delete
NAME	HORNE, THOMAS C	
STREET ADDRESS	5402 BEAUMONT CENTER BLVD. STE 108	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5439 Beaumont Center Blvd., Ste. 1050
CITY-ST-ZIP	Tampa, FL 33634
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5439 Beaumont Center Blvd., Ste. 1050
CITY-ST-ZIP	Tampa, FL 33634
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Edwin G.
STREET ADDRESS	5439 Beaumont Center Blvd., Ste. 1050
CITY-ST-ZIP	Tampa, FL 33634
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	Paika, Russell J.
CITY-ST-ZIP	5439 Beaumont Center Blvd., Str. 1050
	Tampa, FL 33634
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/15/03** DAYTIME PHONE # **(013) 885-7244**

CR2E034 (10/02)