

MP

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT #	753772	(3)
1. Corporation Name		
WINDING CREEK CONDOMINIUM CORPORATION		

Principal Place of Business	Mailing Address
C/O SEABOARD ARBORS MANAGEMENT 1700 MCMULLEN BOOTH RD #C-3 CLEARWATER FL 34619	C/O SEABOARD ARBORS MANAGEMENT 1700 MCMULLEN BOOTH RD #C-3 CLEARWATER FL 34619

3. Date Incorporated or Qualified	
08/15/1980	
4. FEI Number	Applied For
59-2196876	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
LEIGHTON, LENNARD C/O SEABOARD ARBORS MGMT SVCS INC 1700 MCMULLEN BOOTH ROAD, STE C-3 CLEARWATER FL 34619	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	HEARLEY ROLAND	1.2 NAME	LEE, LUCKY
STREET ADDRESS	2400 WINDING CREEK BLVD 1-104	1.3 STREET ADDRESS	2400 WINDING CREEK BLVD #18B-202
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER FL
TITLE	PD	2.1 TITLE	D
NAME	SWITZER SKY	2.2 NAME	
STREET ADDRESS	2400 WINDING CREEK BLVD 24-202	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	VPD
NAME	MATHER JACK	3.2 NAME	TODOROFF, JOHN
STREET ADDRESS	2400 WINDING CREEK BLVD 13-103	3.3 STREET ADDRESS	2400 WINDING CREEK BLVD #20B-203
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER FL
TITLE	VD	4.1 TITLE	D
NAME	THORNE ETHEL	4.2 NAME	
STREET ADDRESS	2400 WINDING CREEK BLVD 13-103	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	STD
NAME	DUNCAN CRAIG	5.2 NAME	AGNEW, ROBERT
STREET ADDRESS	2400 WINDING CREEK BLVD 18B-103	5.3 STREET ADDRESS	2400 WINDING CREEK BLVD #16-210
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	CLEARWATER FL
TITLE	SD	6.1 TITLE	D
NAME	SCHMIDT VERA	6.2 NAME	GLENN, JUDIE
STREET ADDRESS	2400 WINDING CREEK BLVD 20B-103	6.3 STREET ADDRESS	294 WINCHESTER WAY
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	PALM HARBOR FL

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DEP. \$ 61.25

CR2E037 (10/97)