

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90067 047 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753655**

1. Corporation Name

**WINDING CREEK IV CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

C/O SEABOARD ARBORS MANAGEMENT  
1700 MCMULLEN BOOTH RD #C-3  
CLEARWATER FL 34619

Mailing Address

C/O SEABOARD ARBORS MANAGEMENT  
1700 MCMULLEN BOOTH RD #C-3  
CLEARWATER FL 34619



<b>2. Principal Place of Business</b> <b>21</b> SEABOARD ARBORS MGMT 2189 CLEVELAND ST., #225 CLEARWATER, FL 33765 (727) 466-0571	<b>2a. Mailing Address</b> <b>26</b> SEABOARD ARBORS MGMT 2189 CLEVELAND ST., #225 CLEARWATER, FL 33765 (727) 466-0571	<b>3. Date Incorporated or Qualified</b> <b>08/07/1980</b>
		<b>4. FEI Number</b> <b>59-2169490</b>
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

<b>9. Name and Address of Current Registered Agent</b> <b>LEIGHTON, LENNARD</b> SEABOARD ARBORS MGMT 2189 CLEVELAND ST., #225 CLEARWATER, FL 33765	<b>10. Name and Address of New Registered Agent</b> <b>LENNARD A. LEIGHTON</b> SEABOARD ARBORS MGMT 2189 CLEVELAND ST., #225 CLEARWATER, FL 33765 (727) 466-0571
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> PD <b>NAME</b> THORNE, ETHEL <b>STREET ADDRESS</b> 2400 WINDING CREEK BLVD., #9-201 <b>CITY-ST-ZIP</b> CLEARWATER, FL 00000	<input type="checkbox"/> DELETE	<b>1.1 TITLE</b> SD <b>1.2 NAME</b> ETHEL THORNE <b>1.3 STREET ADDRESS</b> 2400 WINDING CREEK BLVD. #9-201 <b>1.4 CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> ORR, GARY <b>STREET ADDRESS</b> 2400 WINDING CREEK BLVD., #9-203 <b>CITY-ST-ZIP</b> CLEARWATER, FL 00000	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b> PD <b>2.2 NAME</b> GARY ORR <b>2.3 STREET ADDRESS</b> 2400 WINDING CREEK BLVD. #9-204 <b>2.4 CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> STD <b>NAME</b> HAYDEN, LARRY <b>STREET ADDRESS</b> 2400 WINDING CREEK BLVD #9-101 <b>CITY-ST-ZIP</b> CLEARWATER FL	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> VD <b>3.2 NAME</b> LARRY HAYDEN <b>3.3 STREET ADDRESS</b> 2400 WINDING CREEK BLVD. #9-201 <b>3.4 CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> TD <b>4.2 NAME</b> EVERETT SHEPARD <b>4.3 STREET ADDRESS</b> 2400 WINDING CREEK BLVD. #8-204 <b>4.4 CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> D <b>5.2 NAME</b> CHARLES COHEN <b>5.3 STREET ADDRESS</b> 2400 WINDING CREEK BLVD. #4-202 <b>5.4 CITY-ST-ZIP</b> CLEARWATER, FL 33761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED:** *[Signature]* 727-796-7698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)