NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 N98000007085 DOCUMENT

THE POOLS AT WINDWARD PASSAGE HOMEOWNERS' ASSOCI ATION, INC.

Principal Place of Business %2475 ENTERPRISE ROAD STE. 100 CLEARWATER FL 33763

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Ζiρ

Country

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GOTTLIEB & GOTTLIEB, P.A. %2475 ENTERPRISE ROAD STE. 100

CLEARWATER FL 33763

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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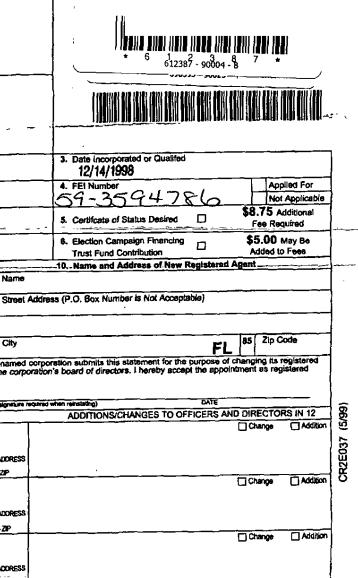
29

-9. Name and Address of Current Registered Agent

%2475 ENTERPRISE ROAD STE. 100 **CLEARWATER FL 33763**



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84 City 11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 13. OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE TITLE GEIGER, RICHARD 12 NAME NAME %2475 ENTERPRISE ROAD STE. 100 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33763** 14 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 TILE Dī TITLE DOHERTY, JOSETTE 22 NAME %2475 ENTERPRISE ROAD STE. 100 2.3 STREET ADDRESS STREET ADDRES **CLEARWATER FL 33763** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 31 TITLE IIILE GEIGER, JOHN 12 NAME NAME %2475 ENTERPRISE ROAD STE. 100 3.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33763** 3.4. CITY-ST-ZIP CITY-ST-ZEP Addition . DELETE __ mre. NAME 4.3 STREET ADDRESS STREET ADDRES 44 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME S.3 STREET ADORES STREET ADDRESS 25.4 1.3 54 CITY ST-ZP CITY-ST-ZIP-Change Addition DELETE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

Country

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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 togal effect as if made under eath; that I am an officer or director of the composition 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.