

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90020 032 ****61.25

DOCUMENT # 753655

1. Entity Name

WINDING CREEK IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST # 225
CLEARWATER FL 33765**

**C/O SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND ST #225
CLEARWATER FL 33765-3234**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2169490

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

**LEIGHTON, LENNARD
C/O SEABOARD ARBORS MANAGEMENT SERVICES,
2189 CLEVELAND ST #225
CLEARWATER FL 33765**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **THORNE, ETHEL**
STREET ADDRESS **2400 WINDING CREEK BLVD., #9-201**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **PD** ☒ Delete
NAME **ORR, GARY**
STREET ADDRESS **2400 WINDING CREEK BLVD., #9-203**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VD** ☐ Delete
NAME **HAYDEN, LARRY**
STREET ADDRESS **2400 WINDING CREEK BLVD #9-101**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **TD** ☒ Delete
NAME **SHEPARD, EVERETT**
STREET ADDRESS **2400 WINDING CREEK BLVD**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☐ Delete
NAME **COHEN, CHARLES**
STREET ADDRESS **2400 WINDING CREEK BLVD**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **UD** ☐ Change ☒ Additor
NAME **DIMENZA, DIUAN**
STREET ADDRESS **2400 WINDING CREEK BLVD. #9-103**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **PD** ☒ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
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 617, 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:

Lennard Leighton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 *727-669-2218*