

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736046

1. Entity Name

WINDING WOOD CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business

C/O I & J PROPERTY MGMT
40347 US 19 N STE 201
TARPON SPRINGS FL 34689
US

Mailing Address

C/O I & J PROPERTY MGMT
P O BOX 695
TARPON SPRINGS FL 34688-7695

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1674118

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

I & J PROPERTY MANAGEMENT, INC
352 WESTWINDS DRIVE
PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

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 VPD ☐ Delete
NAME LEVEE, PAMELA
STREET ADDRESS 2757 HAVERHILL CT
CITY-ST-ZIP CLEARWATER FL 33761

TITLE TD ☐ Delete
NAME DAVIS, ROBERT
STREET ADDRESS 2785 HAVERHILL CT.
CITY-ST-ZIP CLEARWATER FL

TITLE SD ☐ Delete
NAME SCHUETZ, LISA
STREET ADDRESS 2761 HAVERHILL COURT
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ Delete
NAME LANGDON, BETTY
STREET ADDRESS 2763 HAVERHILL CT
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ Delete
NAME KOSTUCK, ROBERT
STREET ADDRESS 2759 HAVERHILL CT.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 2002 727-942-4755

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE