


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90020 033 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1674118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--	--

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																						
<table border="1"> <tr> <td>TITLE <i>Chng</i> NAME VPD STREET ADDRESS SOARES, PAMELA CITY-ST-ZIP 2757 HAVERHILL CT CLEARWATER FL 33761</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE <i>OK</i> NAME D STREET ADDRESS LANGDON, BETTY CITY-ST-ZIP 2763 HAVERHILL CT CLEARWATER FL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE <i>OK</i> NAME PD STREET ADDRESS KOSTUCK, ROBERT CITY-ST-ZIP 2759 HAVERHILL CT. CLEARWATER FL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE <i>Chng</i> NAME VP/TREAS. STREET ADDRESS VARONA, DARLEEN CITY-ST-ZIP 2749 HAVERHILL CRT CLEARWATER FL 33761</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE <i>Add</i> NAME Patricia VanGuten STREET ADDRESS 2753 Haverhill Court CITY-ST-ZIP Clearwater, FL 33761</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> </table>	TITLE <i>Chng</i> NAME VPD STREET ADDRESS SOARES, PAMELA CITY-ST-ZIP 2757 HAVERHILL CT CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE <i>OK</i> NAME D STREET ADDRESS LANGDON, BETTY CITY-ST-ZIP 2763 HAVERHILL CT CLEARWATER FL	<input type="checkbox"/> Delete	TITLE <i>OK</i> NAME PD STREET ADDRESS KOSTUCK, ROBERT CITY-ST-ZIP 2759 HAVERHILL CT. CLEARWATER FL	<input type="checkbox"/> Delete	TITLE <i>Chng</i> NAME VP/TREAS. STREET ADDRESS VARONA, DARLEEN CITY-ST-ZIP 2749 HAVERHILL CRT CLEARWATER FL 33761	<input type="checkbox"/> Delete	TITLE <i>Add</i> NAME Patricia VanGuten STREET ADDRESS 2753 Haverhill Court CITY-ST-ZIP Clearwater, FL 33761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>Chng</i> NAME VPD STREET ADDRESS SOARES, PAMELA CITY-ST-ZIP 2757 HAVERHILL CT CLEARWATER FL 33761	<input type="checkbox"/> Delete																						
TITLE <i>OK</i> NAME D STREET ADDRESS LANGDON, BETTY CITY-ST-ZIP 2763 HAVERHILL CT CLEARWATER FL	<input type="checkbox"/> Delete																						
TITLE <i>OK</i> NAME PD STREET ADDRESS KOSTUCK, ROBERT CITY-ST-ZIP 2759 HAVERHILL CT. CLEARWATER FL	<input type="checkbox"/> Delete																						
TITLE <i>Chng</i> NAME VP/TREAS. STREET ADDRESS VARONA, DARLEEN CITY-ST-ZIP 2749 HAVERHILL CRT CLEARWATER FL 33761	<input type="checkbox"/> Delete																						
TITLE <i>Add</i> NAME Patricia VanGuten STREET ADDRESS 2753 Haverhill Court CITY-ST-ZIP Clearwater, FL 33761	<input type="checkbox"/> Delete																						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete																						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Robert S. Kostuck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #