

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

7. Entity Name  
THE POOLS AT WINDWARD PASSAGE HOMEOWNERS'  
ASSOCIATION, INC.

213 WINDWARD PASSAGE  
CLEARWATER, FL 33767

**DO NOT WRITE IN THIS SPACE**



CR2E037 (4/06)

Applied For
Not Applicable

7

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

GAYNOR, JOSEPH W  
219 WINDWARD PASSAGE  
CLEARWATER, FL 33767

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.

DATE \_\_\_\_\_

**\$5.00** May Be  
Added to Fees

04/23/08-80103-002 61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

Daytime Phone #