I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

PRESIDENT

### DOCUMENT# 736046

### Entity Name: WINDING WOOD CONDOMINIUM IV ASSOCIATION, INC.

# **Current Principal Place of Business:**

40347 US HWY 19 N STE 129 TARPON SPRINGS, FL 34689

### **Current Mailing Address:**

40347 US HWY 19 N STE 129 TARPON SPRINGS, FL 34689 US

## FEI Number: 59-1674118

#### Name and Address of Current Registered Agent:

PROACTIVE PROPERTY MANAGEMENT 40347 US HWY 19 N STE 129 TARPON SPRINGS, FL 34689 US

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: PATRICK KOCHENOUR				
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VP	Title	PRESIDENT		
Name	ZENKERT, KEN	Name	KOSTUCK, ROBERT		
Address	40347 US HWY 19 N STE 129	Address	40347 US HWY 19 N STE 129		
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	TARPON SPRINGS FL 34689		
Title	TREASURER	Title	DIRECTOR		
Name	CORRALES, JAVIER	Name	CALTAGIRONE, ANN MARIE		
Address	40347 US HWY 19 N STE 129	Address	40347 US HWY 19 N STE 129		
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	TARPON SPRINGS FL 34689		

SIGNATURE: ROBERT KOSTUCK

I

Electronic Signature of Signing Officer/Director Detail

FILED Apr 12, 2019 Secretary of State 6237481131CC

Certificate of Status Desired: No

04/12/2019 Date