

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007085

Entity Name: THE POOLS AT WINDWARD PASSAGE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**215 WINDWARD PASSAGE
CLEARWATER, FL 33767**Current Mailing Address:**215 WINDWARD PASSAGE
CLEARWATER, FL 33767**FEI Number: 59-3594786****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROCK, WILLIAM B
211 WINDWARD PASSAGE
CLEARWATER, FL 33767 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:** WILLIAM B BROCK

01/03/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT DIRECTOR
Name	LAU, JAMES
Address	215 WINDWARD PASSAGE
City-State-Zip:	CLEARWATER FL 33767

Title	TREASURER DIRECTOR
Name	BROCK, BRUCE
Address	211 WINDWARD PASSAGE
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR, SECRETARY
Name	BRAWLEY, JOHN
Address	229 WINDWARD PASSAGE
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR
Name	PREYSLER, CHARLES
Address	223 WINDWARD PASSAGE
City-State-Zip:	CLEARWATER FL 33767

Title	DIRECTOR
Name	BRENNEN, EILEEN
Address	225 WINDWARD PASSAGE
City-State-Zip:	CLEARWATER FL 33767

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.

SIGNATURE: BRUCE BROCK**TREASURER**

01/03/2019

Electronic Signature of Signing Officer/Director Detail

Date