

**2013 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:**

GAYNOR, JOSEPH W  
219 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VD  
Name FLINT, NELSON  
Address 215 WINDWARD PASSAGE  
City-State-Zip: CLEARWATER FL 33767

Title TD  
Name BROCK, BRUCE  
Address 215 WINDWARD PASSAGE  
City-State-Zip: CLEARWATER FL 33767

Title SD  
Name HERSHMAN, JON  
Address 215 WINDWARD PASSAGE  
City-State-Zip: CLEARWATER FL 33767

Title VD  
Name MEEK, JOHN  
Address 215 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/DIRECTOR**

**03/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date