2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90605 037 ***150.00

DOCUMENT # 615269

1. Entity Name
WINDSTARR REALTY, INC.

Principal Place of Business	Mailing Address
9735 W. EMERALD COAST PARKWAY SUITE 1 DESTIN FL 32541 US	9735 W. EMERLAD COAST PKWY SUITE 1 DESTIN FL 32541 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10065 W. Emerald Coast Pkwy.		10065 W. Emerald Coast Pkwy.	
Suite, Apt. #, etc.: Suite A2		Suite, Apt. #, etc.: Suite A2	
City & State: Destin, FL		City & State: Destin, FL	
Zip: 32550	Country: USA	Zip: 32550	Country: USA

4. FEI Number 59-1922131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAAS, LYNN E 19 LAKEVIEW BCH DR DESTIN FL 32541	Name: same Street Address (P.O. Box Number is Not Acceptable): same same City: same FL Zip Code 32550

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.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV HAAS, LYNN E 19 LAKEVIEW BCH DR DESTIN, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 Destin, FL 32550	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED LYNN E. HAAS April 22, 2002 (850) 837-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #