

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90046 010 ****61.25

DOCUMENT # 733695

1. Entity Name

WINDING CREEK I, A CONDOMINIUM, INC.



Principal Place of Business

SEABOARD ARBORS MGMT
2189 CLEVELAND ST., #225
CLEARWATER FL 33765

Mailing Address

SEABOARD ARBORS MGMT
2189 CLEVELAND ST., #225
CLEARWATER FL 33765

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1644359

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

LEIGHTON, LENNARD
SEABOARD ARBORS MGMT
2189 CLEVELAND ST., #225
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME SPADARO, SAL
STREET ADDRESS 2400 WINDING CRK BLVD, # 3-101
CITY-ST-ZIP CLEARWATER FL 33761

TITLE PD ☐ Delete
NAME NICHOLS, HARRY
STREET ADDRESS 2400 WINDING CRK BLVD, # 2-102
CITY-ST-ZIP CLEARWATER FL 33761

TITLE TD ☒ Delete
NAME PODSIADLIAK, TOM
STREET ADDRESS 2400 WINDING CRK BLVD, # 1-203
CITY-ST-ZIP CLEARWATER FL 33761

TITLE VD ☒ Delete
NAME KNAP, JOHN
STREET ADDRESS 1164 BROOK RD
CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Change ☐ Addition
NAME SPADARO, SAL
STREET ADDRESS 2400 WINDING CREEK BLVD. #3-101
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2400 Winding Creek Blvd #2-104
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME GAINES, MARY
STREET ADDRESS 2400 WINDING CREEK BLVD. #3-102
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE VPD ☐ Change ☒ Addition
NAME ROSSANO, TONY
STREET ADDRESS 2400 WINDING CREEK BLVD. #3-104
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Harry Nichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #