

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90195 032 ****61.25

DOCUMENT # 736046

1. Entity Name

WINDING WOOD CONDOMINIUM IV ASSOCIATION, INC.



Principal Place of Business

C/O I & J PROPERTY MGMT
40347 US 19 N STE 201
TARPON SPRINGS FL 34689
US

Mailing Address

C/O I & J PROPERTY MGMT
P O BOX 695
TARPON SPRINGS FL 34688-7695

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1674118

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

I & J PROPERTY MANAGEMENT, INC
352 WESTWINDS DRIVE
PALM HARBOR FL 34683

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 VPD
NAME SOARES, PAMELA
STREET ADDRESS 2757 HAVERHILL CT
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE SD
NAME SCHUETZ, LISA
STREET ADDRESS 2761 HAVERHILL COURT
CITY-ST-ZIP CLEARWATER FL ☒ Delete

TITLE D
NAME LANGDON, BETTY
STREET ADDRESS 2763 HAVERHILL CT
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE PD
NAME KOSTUCK, ROBERT
STREET ADDRESS 2759 HAVERHILL CT.
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE TD
NAME VARONA, DARLEEN
STREET ADDRESS 2749 HAVERHILL CRT
CITY-ST-ZIP CLEARWATER FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Robert M. Kostuck President 4-26-06