

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736046

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Entity Name:** WINDING WOOD CONDOMINIUM IV ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

C/O I & J PROPERTY MGMT  
P O BOX 695  
TARPON SPRINGS, FL 346887695

**New Mailing Address:**

**FEI Number:** 59-1674118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

I & J PROPERTY MANAGEMENT, INC  
40347 US 19 NORTH  
SUITE 201  
TARPON SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: SOARES, PAMELA  
Address: 2757 HAVERHILL CT  
City-St-Zip: CLEARWATER, FL 33761

Title: D  
Name: LANGDON, BETTY  
Address: 2763 HAVERHILL CT  
City-St-Zip: CLEARWATER, FL

Title: VPT  
Name: VARONA, DARLEEN  
Address: 2749 HAVERHILL CRT  
City-St-Zip: CLEARWATER, FL 33761

Title: PD  
Name: VANGUNTEN, PATRICIA  
Address: 2753 HAVERHILL CT.  
City-St-Zip: CLEARWATER, FL 33761

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: PATRICIA VANGUNTEN

PD

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date