

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739551

1. Entity Name

WINDING WOOD CONDOMINIUM VI ASSOCIATION, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90075 026 ****61.25

Principal Place of Business

2752 HAVERHILL CT
CLEARWATER FL 33761
US

Mailing Address

2752 HAVERHILL CT
CLEARWATER FL 33761
US

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

59-1754197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDRAS, CINDY L
2752 HAVERHILL CT
CLEARWATER FL 34621

7. Name and Address of New Registered Agent

Name GLYN JONES (BOARD PRESIDENT)
Street Address (P.O. Box Number is Not Acceptable)
2750 HAVERHILL CT.
CLEARWATER - FL 33761.
City FL Zip Code 33761

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ANDRAS, TIMOTHY W. | |
| STREET ADDRESS | 2752 HAVERHILL CT | |
| CITY-ST-ZIP | CLEARWATER FL 33766 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | KOUSTIS, MARIA | |
| STREET ADDRESS | 2760 HAVERHILL CT. | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | STARKMAN, MOURICE | |
| STREET ADDRESS | 2752 HAVERHILL CT | |
| CITY-ST-ZIP | CLEARWATER FL 33761 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|---|
| TITLE | BOARD PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GLYN JONES | |
| STREET ADDRESS | 2750 HAVERHILL CT. | |
| CITY-ST-ZIP | CLEARWATER - FL 33761 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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: MOURICE STARKMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00
Date

721-724-8094
Daytime Phone #

CR2E037 (5/00)