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

Mar 14, 2007 8:00 am **DOCUMENT # 739551 Secretary of State** 1. Entity Name 03-14-2007 90031 048 ****61.25 WINDING WOOD CONDOMINIUM VI ASSOCIATION, INC. Principal Place of Business Mailing Address 40347 US 19 N POB 695 STE 201 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-1754197 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARAGIANIS, IRENE Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N, STE 201 TARPON SPRINGS FL 34689 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. шп TSD 1000 T.J. FRAS**T**ER ☐ Change Addition NAMI NAME. HINSCH, CORA 2408 Saddlewood Lane STREET ADDRESS 2744 HAVERHILL CT STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761 CHY-SI-ZIP Palm Harbor, Fl 34685 TITLE ☐ Delete mu ANN FRASÍÉR NAME NAME 2762 Haverhill Court STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP Palm Harbor, Fl 34685 THE ☐ Delete mur ☐ Change ☐ Addition ŇAMÍ STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE ☐ Delete THUE ☐ Change Addition NAME NAME STRIFET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP HIHE ☐ Delete 1000 ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP HILE HIH Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY 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

ann J. Fraser
SIGNATURE AND TYPED OR PRINTED NAME OF SIG

2/26/07

(727) 812-9651

FILED

Daytime Phone #