

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90058 026 \*\*\*\*61.25

<b>DOCUMENT # 739551</b> 1. Entity Name <b>WINDING WOOD CONDOMINIUM VI ASSOCIATION, INC.</b>					
Principal Place of Business <b>40347 US 19 N STE 201 TARPON SPRINGS, FL 34689 US</b>				Mailing Address <b>POB 695 TARPON SPRINGS, FL 34689 US</b>	
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	
6. Name and Address of Current Registered Agent  <b>KARAGIANIS, IRENE - 40347 US 19 N, STE 201 TARPON SPRINGS, FL 34689</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, T J		NAME	HOLLAND, ROBERT	
STREET ADDRESS	2408 SADDLEWOOD LANE		STREET ADDRESS	2756 HAVERHILL CT	
CITY - ST - ZIP	PALM HARBOR, FL 34685		CITY - ST - ZIP	CLEARWATER, FL 33761	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, ANN		NAME	HINSCH, CORA	
STREET ADDRESS	2762 HAVERHILL COURT		STREET ADDRESS	2744 HAVERHILL CT	
CITY - ST - ZIP	PALM HARBOR, FL 34685		CITY - ST - ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WALLS, LINDA	
STREET ADDRESS			STREET ADDRESS	2766 HAVERHILL CT	
CITY - ST - ZIP			CITY - ST - ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 and answered.					
<b>SIGNATURE:</b> 			<b>3/6/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		