

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

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90204 049 \*\*\*\*61.25

<b>DOCUMENT # 741259</b> 1. Entity Name <b>WINDING WOOD CONDOMINIUM VIII ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O STERLING MGMT 2880 SCHERER DRIVE STE 840 SAINT PETERSBURG FL 33716 US</b>		Mailing Address <b>C/O STERLING MGMT 2880 SCHERER DRIVE STE 840 SAINT PETERSBURG FL 33716 US</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State <b>2870 Scherer Drive N., Suite 100 St. Petersburg, FL 33716</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>2870 Scherer Drive N., Suite 100 St. Petersburg, FL 33716</b>	
4. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CIANFRONE, JOSEPH R 1968 BAYSHORE BLVD DUNEDIN FL 34698</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</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>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP SEBLESKI, RICHARD 2555 FOREST RUN COURT CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP ROSSEY, SUSAN 2576 FOREST RUN CT CLEARWATER, FL 33761</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DT ROSSEY, SUSAN 2576 FOREST RUN COURT CLEARWATER FL 33761</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DP SCHEURER, KRISTIN 2619 FOREST RUN CT CLEARWATER, FL 33761</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S SHORT, VICKI 2603 FOREST RUN COURT CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D STEINER, KATHY 2572 FOREST RUN COURT CLEARWATER FL 33761</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D STEINER, KATHY 2572 FOREST RUN COURT CLEARWATER FL 33761</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP KOVAC, JOHN 2608 FOREST RUN COURT CLEARWATER FL 33761</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>VP KOVAC, JOHN 2608 FOREST RUN COURT CLEARWATER FL 33761</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DT KOVAC, JOHN 2608 FOREST RUN CT CLEARWATER, FL 33761</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D ILLICH, GEORGE 2754 FOX FIRE CT. CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DVP ILLICH, GEORGE 2754 FOX FIRE CT CLEARWATER, FL 33761</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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: RICHARD SABLESKI PRES. Richard Sableski 4/5/06**