FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

746475

(3)

WINDSWEPT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address						
2203 N SURF F	RD	C/O E. FRAZEE			3. Date Incorporated or Qualified	
HOLLYWOOD FL 33019		P.O. BOX 22-3882			03/27/1979	
		HOLLYWOOD FL 33022			4. FEI Number Applied For	
					NOT APPLICABLE Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address 26			5. Certificate of Status Desired \$8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution	
City & State	9	City & State			7. Is this nonprofit corporation a homeowners association?	
23		28			☐ Yes ☐ No	
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the current year Intangible	
24	25		10		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent		[N	10. Name and Address of New Registered Agent	
			81	Name	me	
FRAZEE, EDWARD G. 2203 NORTH SURF ROAD				Stree	Address (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33019					_	
			84	City	y 85 Zip Code	
11 Durationt	to the provisions of Continue 617 050	O and 617 1500 Florida Statutos	the char		FL 59 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE _						
	Signature, typed or printed name of registered age			ent signatu	ature required when reinstating) DATE	
12.	OFFICERS ANI	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	PD	☐ bereie	1.1 TITLE		Change Addition	
NAME	FRAZEE, EDWARD G.		1.2 NAME			
STREET ADDRESS	2203 N SURF ROAD		1	ADDRESS	SS	
CITY-ST-ZIF	HOLLYWOOD FL 33019	☐ DELETE	1.4 CITY - :	ST-ZIP	Change Addition	
TITLE	VD	☐ perese	2.1 TITLE		L Change Addition	
NAME	FIZZANO, GUY		2.2 NAME			
STREET ADDRESS	2201 N. SURF. RD.			ADDRESS	SS	
CITY-ST-ZIF	HOLLYWOOD FL	Locier	2. 4 CITY-	ST-ZIP		
TITLE	SD SUCKE BODIO S	DELETE	3.1 TITLE		Change Addition	
NAME	BURKE, DORIS B		3.2 NAME			
STREET ADDRESS	165 S.W. 125TH AVENUE			ADDRESS	SS	
CITY-ST-ZIP	Plan <u>tation fl 33325</u>	سينعر ومرح	3.4, CITY-	ST-ZIP		
TITLE	,	DELETE	4.1 TITLE		TD Change Addition	
NAME	•		4. 2 NAME		FRAZEE, ALPHA JOYCE	
STREET ADDRESS			4.3 STREET		SS 2203 No Surfi Road	
CITY-ST-ZIP		l ne ee	4.4 CITY - 8	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET		SS	
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		L DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET		SS	
CITY_ST_7IP			64 CITY-9	T_ 71P	I .	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE:

WELLEREQUIRED

112/90

954-9228031

FILED

Feb 06 1998 8:00am

Secretary of State