

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746475

1. Entity Name

WINDSWEEP CLUB CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90020 049 ****61.25

0033347

Principal Place of Business
2203 N SURF RD
HOLLYWOOD FL 33019

Mailing Address
C/O E. FRAZEE
P.O. BOX 22-3882
HOLLYWOOD FL 33022

606552



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRAZEE, EDWARD G.
2203 NORTH SURF ROAD
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FE IS \$61.25

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	PD	☐ Delete
NAME	FRAZEE, EDWARD G.	
STREET ADDRESS	2203 N SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VD	☐ Delete
NAME	FRAZEE, JOYCE A	
STREET ADDRESS	2203 N. SURF RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	SD	☐ Delete
NAME	FRAZEE, ALPH	
STREET ADDRESS	2203 N SURF ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	TD	☐ Delete
NAME	FRAZEE, ALPHA JOYCE	
STREET ADDRESS	2203 N SURF ROD	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	Fraze, Alpha Joyce	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	Fraze, Alpha Joyce	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *Edward G. Frazee* **REQUIRED** *President* 1/10/01 954-983-8031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/00)