2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# 749972

Entity Name: WINDING CREEK III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SEABOARD ARBORS MGMT
2189 CLEVELAND ST., #225
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

SEABOARD ARBORS MGMT
2189 CLEVELAND ST., #225
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 59-2074097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENNARD, LEIGHTON
SEABOARD ARBORS MGMT
2189 CLEVELAND ST., #225
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	FINCHAM, JOAN	
Address:	2400 WINDING CREEK BLVD., #13-104	
City-St-Zip:	CLEARWATER, FL	
Title:	PD	( ) Delete
Name:	HADDAD, LORNE	
Address:	2400 WINDING CREEK BLVD #13-102	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	SD	( ) Delete
Name:	GORSHE, PHYLLIS	
Address:	2400 WINDING CREEK BLVD. #12-201	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	VD	( ) Delete
Name:	WOODY, DONNA	
Address:	2400 WINDING CREEK BLVD., 12-104	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	MATHER, JACK	
Address:	2400 WINDING CREEK BLVD., 13-103	
City-St-Zip:	CLEARWATER, FL 33761	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	WOODY, DONNA	
Address:	2400 WINDING CREEK BLVD., 12-104	
City-St-Zip:	CLEARWATER, FL 33761	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORNE HADDAD PD 01/26/2009

Electronic Signature of Signing Officer or Director — Date