

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753772 (3)

1. Corporation Name

WINDING CREEK CONDOMINIUM CORPORATION

Principal Place of Business

Mailing Address

C/O SEABOARD ARBORS MANAGEMENT
1700 MCMULLEN BOOTH RD #C-3
CLEARWATER FL 34619

C/O SEABOARD ARBORS MANAGEMENT
1700 MCMULLEN BOOTH RD #C-3
CLEARWATER FL 34619



3. Date Incorporated or Qualified
08/15/1980

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEIGHTON, LENNARD
C/O SEABOARD ARBORS MGMT SVCS INC
1700 MCMULLEN BOOTH ROAD, STE C-3
CLEARWATER FL 34619

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME PENWARDEN, LLOYD
STREET ADDRESS 2400 WINDING CREEK BLVD
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

1.1 TITLE D
1.2 NAME JACK MATHER
1.3 STREET ADDRESS 2400 WINDING CREEK BLVD., #13-103
1.4 CITY-ST-ZIP CLEARWATER, FL 34621

☐ Change ☒ Addition

TITLE PD
NAME SWITZER, SKY
STREET ADDRESS 2400 WINDING CREEK BLVD.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

2.1 TITLE V/D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE TD
NAME THORNE, ETHEL
STREET ADDRESS 2400 WINDING CREEK BLVD
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME LEMAIRE, MURIE
STREET ADDRESS 2400 WINDING CREEK BLVD., #14-201
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KEARLEY, ROLAND
STREET ADDRESS 2400 WINDING CREEK BLVD., #1-104
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

5.1 TITLE P/D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME HAMELIN, PAUL
STREET ADDRESS 2400 WINDING CREEK BLVD., #20A-206
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

6.1 TITLE D
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director
ROLAND J. KEARLEY

3/27/96

Date

Daytime Phone #

CR2E037 (12/95)