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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753772

1. Corporation Name

WINDING CREEK CONDOMINIUM CORPORATION

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
2 SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND STREET 2 SUITE 225 CLEARWATER, FL 33765	26 SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND STREET 27 SUITE 225 CLEARWATER, FL 33765	08/15/1980
23 Zip	28 Country	4. FEI Number
24	25	59-2196876
		Applied For
		Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LENNARD A. LEIGHTON SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765	81 Name 82 LENNARD A. LEIGHTON 83 SEABOARD ARBORS MANAGEMENT 84 2189 CLEVELAND STREET SUITE 225 CLEARWATER, FL 33765
	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]* DATE: 3/31/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	LEE, LUCKY	1.2 NAME	LUCKY LEE
STREET ADDRESS	2400 WINDING CREEK BLVD., #18B-202	1.3 STREET ADDRESS	2400 WINDING CREEK BLVD.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	18B-202 CLEARWATER, FL 33761
TITLE	D	2.1 TITLE	TD
NAME	SWITZER, SKY	2.2 NAME	Jack Mather
STREET ADDRESS	2400 WINDING CREEK BLVD 24-202	2.3 STREET ADDRESS	2400 Winding Creek Blvd.
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	#13-103 Clearwatr, FL 33761
TITLE	VPD	3.1 TITLE	VD
NAME	TODOROFF, JOHN	3.2 NAME	JOHN TODOROFF
STREET ADDRESS	2400 WINDING CREEK BLVD., #20B-203	3.3 STREET ADDRESS	PO BOX 4578
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 33758
TITLE	D	4.1 TITLE	D
NAME	THORNE, ETHEL	4.2 NAME	BOB AGNEW
STREET ADDRESS	2400 WINDING CREEK BLVD 13-103	4.3 STREET ADDRESS	2400 WINDING CREEK BLVD.
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	16-210 CLEARWATER, FL 33761
TITLE	STD	5.1 TITLE	SD
NAME	AGNEW, ROBERT	5.2 NAME	MIKE DRISCOLL
STREET ADDRESS	2400 WINDING CREEK BLVD., #16-210	5.3 STREET ADDRESS	2400 WINDING CREEK BLVD.
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	#2-201 CLEARWATER, FL 33761
TITLE	D	6.1 TITLE	D
NAME	GLENN, JUDIE	6.2 NAME	JOHN MAXWELL
STREET ADDRESS	294 WINCHESTER WAY	6.3 STREET ADDRESS	2400 WINDING CREEK BLVD.
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	# 24-204 CLEARWATER, FL 33761

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, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* DATE: 3/31/99 727-797-6065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037- (11/98)