

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753772

1. Entity Name

WINDING CREEK CONDOMINIUM CORPORATION

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90015 010 ****61.25

Principal Place of Business

Mailing Address

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND STREET, STE #225
CLEARWATER FL 33765

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND STREET, STE #225
CLEARWATER FL 33765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2196876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A
SEABOARD ARBORS MANAGEMENT
2186 CLEVELAND ST, STE #225
CLEARWATER FL 33765

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:
FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME LEE, LUCKY
STREET ADDRESS 2400 WINDING CREEK BLVD., #18B-202
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MATHER, JACK
STREET ADDRESS 2400 WINDING CREEK BLVD., #13-103
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☒ Addition
NAME TO LUBISCO, JOE
STREET ADDRESS 2400 WINDING CREEK BLVD., #20B-101
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE D ☒ Delete
NAME BENNET, CASE
STREET ADDRESS 2400 WINDING CREEK BLVD 208 202
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☒ Addition
NAME D PENWARDEN, LLOYD
STREET ADDRESS 2400 WINDING CREEK BLVD., #13-202
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE STD ☐ Delete
NAME HADEN, LAWRENCE
STREET ADDRESS 2400 WINDING CREEK BLVD 9 101
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☒ Change ☐ Addition
NAME SD
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME AGNEW, BOB
STREET ADDRESS 2400 WINDING CREEK BLVD., #16-210
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☒ Addition
NAME D DRISCOLL, MIKE
STREET ADDRESS 2400 WINDING CREEK BLVD., #2-201
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE VD ☐ Delete
NAME BANFIELD, CARL
STREET ADDRESS 2400 WINDING CREEK BLVD 24 102
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ Change ☒ Addition
NAME D SCHNITZHOFFER, NENA
STREET ADDRESS 3364 FISHER ROAD
CITY-ST-ZIP CLEARWATER, FL 33763

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-01 727-997-6069

CR2E037 (10/00)