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Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 755016 (3)  
1. Corporation Name  
WINDWARD ON THE GULF I, INC., A CONDOMINIUM



Principal Place of Business: P.O. BOX 271233 TAMPA FL 33688  
Mailing Address: P.O. BOX 271233 TAMPA FL 33688

3. Date Incorporated or Qualified: 11/06/1980

4. FEI Number: 59-2060533  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields for City, State, Zip, and Country.

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
SAVAGE, MARCELLA  
822 SYMPHONY ISLES BLVD  
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent  
81 Name: Henry DeBona  
82 Street Address (P.O. Box Number is Not Acceptable): 2000 Gulf Blvd #12  
83 City: Indian Rocks Beach  
84 City: Florida FL 85 Zip Code: 34635

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: Henry DeBona 2/1/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	20 SAVAGE, MARCELLA	<input checked="" type="checkbox"/> DELETE
NAME	822 SYMPHONY ISLES BLVD	
STREET ADDRESS	APOLLO BEACH FL	
CITY-ST-ZIP		
TITLE	21 VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	22 UGARSKI, ROBERT	
STREET ADDRESS	23 2000 GULF BLVD. #7	
CITY-ST-ZIP	24 INDIAN ROCKS BCH. FL	
TITLE	25 TREASURER	<input type="checkbox"/> DELETE
NAME	26 WALSH, ROBERT	
STREET ADDRESS	27 41 MAVAJO TRAIL	
CITY-ST-ZIP	28 WEST MILFORD NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	

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.

SIGNATURE: Robert Walsh 2/1/98

CFR2037 (10/97)