


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90060 011 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 755016</b>					
1. Corporation Name <b>WINDWARD ON THE GULF I, INC., A CONDOMINIUM</b>					
Principal Place of Business P.O. BOX 271233 TAMPA FL 33688			Mailing Address P.O. BOX 271233 TAMPA FL 33688		



2. Principal Place of Business 21 <b>2000 GULF BLVD #12</b> Suite, Apt. #, etc. <b>#12</b> 22 City & State 23 <b>INDIAN ROCKS BEACH, FL</b> Zip Country 24 <b>33785</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>2000 GULF BLVD</b> Suite, Apt. #, etc. <b>#12</b> 27 City & State 28 <b>INDIAN ROCKS BEACH FL</b> Zip Country 29 <b>33785</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>11/06/1980</b>	
4. FEI Number <b>59-2060533</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>DEBONA, HENRY</b> <b>2000 GULF BLVD #12</b> <b>INDIAN ROCKS BEACH FL <del>33785</del> 33785</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 Henry DeBona DATE 2/1/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEBONA, HENRY			1.2 NAME			
STREET ADDRESS	2000 GULF BLVD #12			1.3 STREET ADDRESS	<b>ZIP - 33785</b>		
CITY-ST-ZIP	INDIAN ROCKS BEACH FL <del>33785</del>			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIGARSKI, ROBERT			2.2 NAME			
STREET ADDRESS	2000 GULF BLVD. #7			2.3 STREET ADDRESS	<b>ZIP 33785</b>		
CITY-ST-ZIP	INDIAN ROCKS BCH. FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALSH, ROBERT			3.2 NAME			
STREET ADDRESS	41 MAVAJA TRAIL			3.3 STREET ADDRESS	<b>ZIP 07480</b>		
CITY-ST-ZIP	WEST MILFORD NJ			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Robert Walsh Robert Walsh DATE 2/1/99 973-697-73  
Signature, typed or printed name of signing officer or director