

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 755016**

1. Entity Name

WINDWARD ON THE GULF I, INC., A CONDOMINIUM

Principal Place of Business

**41 NAVAJO TRAIL
WEST MILFORD NJ 07480**

Mailing Address

**41 NAVAJO TRAIL
WEST MILFORD NJ 07480**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2060533

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DEBONA, HENRY
2000 GULF BLVD #12
INDIAN ROCKS BEACH FL 34635**

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **DEBONA, HENRY**
CITY-ST-ZIP **2000 GULF BLVD #12**
INDIAN ROCKS BEACH FL 33785TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **LIGARSKI, ROBERT**
CITY-ST-ZIP **2000 GULF BLVD. #7**
INDIAN ROCKS BCH. FL 33785TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **WALSH, ROBERT**
CITY-ST-ZIP **41 NAVAJO TRAIL**
WEST MILFORD NJ 07480TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90054 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)