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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755096 (5)

1. Corporation Name

HOMEOWNERS ASSOCIATION OF WINWARD POINTE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

3001 EXECUTIVE DR
STE 260NN HWY.
CLEARWATER FL 346223001 EXECUTIVE DR
STE 260NN HWY.
CLEARWATER FL 34622-22603. Date Incorporated or Qualified
11/13/19803a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

4. FEI Number

59-2094824

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNEAL, RAND E
3001 EXECUTIVE DR
STE 260NN HWY.
CLEARWATER FL 34622

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

RAND E. MCNEAL

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ST. CLAIR, DANA	
STREET ADDRESS	11416 BAY ST NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> DELETE
NAME	CANNON, JOHN	
STREET ADDRESS	11407-2 3RD ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	

2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	33716	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, CARL	
STREET ADDRESS	167 114TH TERRACE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	

3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	33716	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANNECHINO, DANIEL	
STREET ADDRESS	115 114TH TERR NE	
CITY-ST-ZIP	ST PETERSBURG FL 33716	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGARRITY, MARGARET	
STREET ADDRESS	121 114TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	

5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	33716	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Chuck Jordan	
6.3 STREET ADDRESS	129 114th ave N	
6.4 CITY-ST-ZIP	St Pete FL 33716	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067490

CR2E037 (9/96)