


FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **755096** (5)

1. Corporation Name

HOMEOWNERS ASSOCIATION OF WINWARD POINTE CONDOMINIUM, INC.



Principal Place of Business 3001 EXECUTIVE DR STE 260NN HWY. CLEARWATER FL 34622	Mailing Address 3001 EXECUTIVE DR STE 260NN HWY. CLEARWATER FL 34622
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3. Date Incorporated or Qualified 11/13/1980	4. FEI Number 59-2094824	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 3001 Executive Dr. Suite, Apt. #, etc. 22 Suite 260 City & State 23 Clearwater, FL Zip 24 33762	2a. Mailing Address 26 3001 Executive Dr. Suite, Apt. #, etc. 27 Suite 260 City & State 28 Clearwater, FL Zip 29 33762	Country 25 USA 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Condominium Associates	82 Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Dr.	83 Suite 260	84 City Clearwater	85 Zip Code FL 33762
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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 **Rand E McNeal, President**

2/20/98

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	D	<input checked="" type="checkbox"/> DELETE
NAME	ST. CLAIR, DANA	
STREET ADDRESS	11416 BAY ST NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CANNON, JOHN	
STREET ADDRESS	11407-2 3RD ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, CARL	
STREET ADDRESS	167 114TH TERRACE N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JORDAN, CHUCK	
STREET ADDRESS	129 114TH AVE N	
CITY-ST-ZIP	ST PETE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGARRITY, MARGARET	
STREET ADDRESS	121 114TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CANNON, John	
1.3 STREET ADDRESS	11407-2 3rd ST. N.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	St. Clair, Dana	
2.3 STREET ADDRESS	11416 Bay Street NE.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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

1-3048 (813) 5772150

CR2E037 (10/97)