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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90046 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755096

1. Corporation Name

HOMEOWNERS ASSOCIATION OF WINWARD POINTE CONDOMINIUM, INC.

Principal Place of Business

3001 EXECUTIVE DR
STE 260
CLEARWATER FL 33762
US

Mailing Address

3001 EXECUTIVE DR
STE 260
CLEARWATER FL 33762
US



2. Principal Place of Business

21 249 115TH AVE N.

2a. Mailing Address

26 249 115TH AVE N

3. Date Incorporated or Qualified

11/13/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2094824

Applied For

Not Applicable

City & State

23 ST. PETERSBURG, FL

City & State

28 ST. PETERSBURG FL

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

Zip

24 33716

Country

25 PINELLAS

Zip

29 33716

Country

30 PINELLAS

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
STE 260
CLEARWATER FL 33762

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME CANNON, JOHN
STREET ADDRESS 11407-2 3RD ST N
CITY-ST-ZIP ST. PETERSBURG FL 33716

1.1 TITLE Vice President ☐ Change ☒ Addition
1.2 NAME KERRY KELLY
1.3 STREET ADDRESS 11400 3RD ST. N APT #4
1.4 CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE S ☐ DELETE
NAME ST CLAIR, DANA
STREET ADDRESS 11416 BAY ST NE
CITY-ST-ZIP ST. PETERSBURG FL 33716

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME LEWIS, CARL
STREET ADDRESS 167 114TH TERRACE N.E.
CITY-ST-ZIP ST. PETERSBURG FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME JORDAN, CHUCK
STREET ADDRESS 129 114TH AVE N
CITY-ST-ZIP ST PETE FL

4.1 TITLE Secretary ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME MCGARRITY, MARGARET
STREET ADDRESS 121 114TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

C. McGarrity
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-99 727-577-2450

CR2E037 (11/93)