

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755096

1. Entity Name

HOMEOWNERS ASSOCIATION OF WINWARD POINTE CONDOMI

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90001 034 ****61.25

Principal Place of Business

249 115TH AVENUE N.
ST. PETERSBURG FL 33716
US

Mailing Address

249 115TH AVENUE N.
ST. PETERSBURG FL 33716-2835
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2094824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
STE 260
CLEARWATER FL 33762

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME KELLY, KERRY
STREET ADDRESS 11407-2 3RD ST N
CITY-ST-ZIP ST. PETERSBURG FL 33716

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME ELmer Ammons
STREET ADDRESS 169 114TH AVE N.
CITY-ST-ZIP ST. PETERSBURG FL 33716

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)