DOCUMENT # 755096

1. Entity Name

HOMEOWNERS ASSOCIATION OF WINWARD POINTE CONDOMI

FILED Jan 11, 2001 8:00 am Secretary of State

Principal Plac	e of Business	Mailing Address			01-11-2001 90030 001 ****61.25				
249 115TH AVENUE N. ST. PETERSBURG FL 33716 US		249 115TH AVENUE N. ST. PETERSBURG FL 33716 US				.			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. F	Et Number 59-209482	er 59-2094824 Applied For Not Applicable			
Zip Country		Zip Country		5. C	Certificate of Status Desired		\$8.75 Add Fee Required	itional	
	6. Name and Address of Current F	Registered Agent		7. N	7. Name and Address of New Registered Agent				
	C. Haille and Address of Current	`- Name	Name						
CONDOM	IINIUM ASSOCIATES	,		Street Address (P.O. Box Number is Not Acceptable)					
3001 EXE STE 260	CUTIVE DR								
	ATER FL 33762	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				\$5.00 May Added to Fee		ke Check epartmen	Payable to t of State		
10.	OFFICERS AND DIR	ECTORS .	11.	ADDITI	ONS/CHANGES TO OFFIC	ERS AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS	VP KELLY, KERRY 11407-2 3RD ST N	Delete	TITLE NAME STREET ADDRESS	FRANCE 2755	IS J. WERHNE IIYTNATEN ENS bury FL	. R	☐ Change	Addition	
CITY-ST-ZIP	ST. PETERSBURG FL 33716		CITY-ST-ZIP	51. Per.	ens burg Fl	33116	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST CLAIR, DANA 11416 BAY ST NE ST. PETERSBURG FL 33716	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			ina e se	Change Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, CARL 167 114TH TERRACE N.E. ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORDAN, CHUCK 129 114TH AVE N ST PETE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AMMONS, ELMER 169 114TH AVE N SAINT PETERSBURG FL 33716	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRISC 14 171 1141 51. Pc	LLA COOPER TERR. NE TERSOURY F	· 3371	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY_ST_7IP		□ Delete	TITLE NAME STREET ADDRESS CITY_ST_7IP			•	☐ Change	☐ Addition }	

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

SON/AULE BEQUARED/CEO

1-3-01 727-577-2150

Daytime Phone 6