

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90005 010 ****61.25

DOCUMENT # 755096

1. Entity Name

HOMEOWNERS ASSOCIATION OF WINWARD POINTE CONDOMINIUM, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2094824

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE
 NAME FRANK WERNER
 STREET ADDRESS 275-5 114TH AVE N.
 CITY-ST-ZIP ST. PETERSBURG FL, 33716 ☐ Change ☒ Addition

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

TITLE TD
 NAME PRISCILLA COOPER
 STREET ADDRESS 131-114TH TERR N.E.
 CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Change ☒ Addition

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

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

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

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

TITLE TD
 NAME AMMONS, ELMER
 STREET ADDRESS 169 114TH AVE N
 CITY-ST-ZIP SAINT PETERSBURG FL 33716 ☒ Delete

TITLE
 NAME EDWIN WEINGART
 STREET ADDRESS 153 114TH AVE N.E.
 CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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: *Carl Lewis* RECORDED. Lewis PD

1-7-02

127-577-2150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)