


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90167 023 ****61.25

DOCUMENT # 755096 1. Entity Name HOMEOWNERS ASSOCIATION OF WINDWARD 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 Suite, Apt. #, etc.		3. Mailing Address 3001 Executive Drive Suite, Apt. #, etc. Suite 260 City & State Clearwater, FL Zip 33762			
City & State City & State Clearwater, FL		4. FEI Number 59-2094824		Applied For <input type="checkbox"/> Not Applicable	
Zip 33762		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR STE 260 CLEARWATER, FL 33762			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RINGWALD, ED 119 114TH TERRACE NE SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Cooper, Priscilla 171 114th Terrace N.E. St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, PRISCILLA 171 114TH TERR. N.E. SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Smith, Sharon 167 114th Terrace N.E. St. Petersburg, FL 33716	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAVAEZ, JOE 179 114TH TERR. N.E. SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREET, ARTHUR 2280 41ST ST. NORTH SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINGART, EDWIN 153 114 AVE NE SAINT PETERSBURG, FL 33716		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	
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: <u>Joseph K. Nawar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(727) 578-8935 <small>Date Daytime Phone #</small>		