


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90168 032 ****61.25

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|--|---|--|--|---|--|
| 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 3001 EXECUTIVE DR SUITE 260 CLEARWATER, FL 33762 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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | PD COOPER, PRISCILLA 171 114TH TERRACE NE SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP COOPER, PRISCILLA 171 114TH TERR. N.E. SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NAVEEZ, JOE 179 114TH TERR. N.E. SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STREET, ARTHUR 2280 41ST ST. NORTH SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SMITH, SHARON 167 114TH TERRACE NE SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. | | ASSOC. <u>737</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition CODE <u>5145</u> DATE <u>4/4/06</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition INITIAL <u>AC</u> | | | |
| SIGNATURE: <u>Joseph R. Narvaez</u> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <u>Joseph R. NARVAEZ</u> | | | |
| Date: <u>4/23/06</u> | | Daytime Phone #: <u>(727) 578 8935</u> | | | |