

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90020 040 ****61.25

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03162007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2094824	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> 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 <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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD COOPER, PRISCILLA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	171 114TH TERRACE NE		NAME		
STREET ADDRESS	SAINT PETERSBURG, FL 33716		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COOPER, PRISCILLA		NAME	EDWIN WEINGART	
STREET ADDRESS	171 114TH TERR. N.E.		STREET ADDRESS	171 114TH TERR. N.E. 153 114TH AVE. N.E.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP	SAINT PETERSBURG, FL 33716 ST. PETERSBURG, FL 33716	
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVAEZ, JOE		NAME		
STREET ADDRESS	179 114TH TERR. N.E.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET, ARTHUR		NAME		
STREET ADDRESS	2280 41ST ST. NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	VPB <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, SHARON		NAME		
STREET ADDRESS	167 114TH TERRACE NE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716		CITY-ST-ZIP		
TITLE	SECT. <input type="checkbox"/> Delete		TITLE	SECT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	EDWARD RINGWALD	
STREET ADDRESS			STREET ADDRESS	119 114TH TERRACE N.E.	
CITY-ST-ZIP			CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
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.					
SIGNATURE: <i>Joseph R. Narvaez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph R. Narvaez			4/2/07 (727) 578-8935 Date Date/Phone #		