


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90042 043 ****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 3001 EXECUTIVE DR SUITE 260 CLEARWATER, FL 33762 US | |
| 2. Principal Place of Business - No P.O. Box # 3001 Executive Dr. | | 3. Mailing Address Suite, Apt. #, etc. Suite 260 | |
| City & State Clearwater, FL | | City & State Clearwater, FL | |
| Zip 33762 | | Country Pinellas | |
| 4. FEI Number 59-2094824 | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. | |
| \$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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WEINGART, EDWIN 153 114TH AVE N.E. SAINT PETERSBURG, FL 33716 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NAVEEZ, JOE 179 114TH TERR. N.E. SAINT PETERSBURG, FL 33716 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RINGWALD, EDWARD 119 114TH TERRACE N.E. SAINT PETERSBURG, FL 33716 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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>Priscilla A. Cooper</i> PRISCILLA A. COOPER | | Date: <i>4/3/08</i> Daytime Phone #: <i>727-577-4962</i> | |