

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755096

FILED  
Jan 10, 2012  
Secretary of State

**Entity Name:** HOMEOWNERS ASSOCIATION OF WINDWARD POINTE CONDOMINIUM, INC.

**Current Principal Place of Business:**

3001 EXECUTIVE DRIVE  
STE. 260  
CLEARWATER, FL 33762 US

**New Principal Place of Business:**

**Current Mailing Address:**

3001 EXECUTIVE DRIVE  
STE. 260  
CLEARWATER, FL 33762 US

**New Mailing Address:**

**FEI Number:** 59-2094824

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWELL CARNEY MALLER RAMSAY AND GROVE, PA  
ONE PROGRESS PLAZA  
STE 1210  
ST. PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RICCIARDI, MICHAEL  
Address: 3001 EXECUTIVE DRIVE SUITE 260  
City-St-Zip: CLEARWATER, FL 33762

Title: T  
Name: THACKRY, MICHAEL  
Address: 3001 EXECUTIVE DRIVE SUITE 260  
City-St-Zip: CLEARWATER, FL 33762

Title: VP  
Name: WEINGART, ED  
Address: 3001 EXECUTIVE DRIVE SUITE 260  
City-St-Zip: CLEARWATER, FL 33762

Title: S  
Name: RINGWALD, ED  
Address: 3001 EXECUTIVE DRIVE SUITE 260  
City-St-Zip: CLEARWATER, FL 33762

Title: D  
Name: LAI, MINDY  
Address: 3001 EXECUTIVE DRIVE, SUITE 260  
City-St-Zip: CLEARWATER, FL 33762

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL RICCIARDI

PD

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date