

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90135 005 \*\*\*\*61.25

**DOCUMENT # 755096**



1. Entity Name  
**HOMEOWNERS ASSOCIATION OF WINWARD 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**

**90012294**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2094824**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete  
NAME **WEAHREN, FRANK**  
STREET ADDRESS **275-5 114 TR AVE N**  
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **TD** ☐ Delete  
NAME **COOPER, PRISCILLA**  
STREET ADDRESS **131 114TH TER NE**  
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE **PD** ☒ Delete  
NAME **LEWIS, CARL**  
STREET ADDRESS **167 114TH TERRACE N.E.**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VP** ☒ Delete  
NAME **JORDAN, CHUCK**  
STREET ADDRESS **129 114TH AVE N**  
CITY-ST-ZIP **ST PETE FL**

TITLE **D** ☐ Delete  
NAME **WEINGART, EDWIN**  
STREET ADDRESS **153 114 AVE NE**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition  
NAME **St. Clair-Hougham, Dana**  
STREET ADDRESS **11416 Bay Street N.E.**  
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Cooper, Priscilla**  
STREET ADDRESS **171 114th Terrace N.E.**  
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Narvaez, Joe**  
STREET ADDRESS **179 114th Terrace N.E.**  
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **D** ☐ Change ☒ Addition  
NAME **Street, Arthur**  
STREET ADDRESS **2280 41st Street North**  
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Weingart, Edwin**  
STREET ADDRESS **153 114th Avenue North**  
CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE ☐ Change ☐ Addition  
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:

*Joseph R Narvaez*  
**SIGNATURE REQUIRED**

**1/24/03 (727) 578-8935**

CR2E037 (10/02)