2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759759

FILED
Jan 21, 2000 8:00 am
Secretary of State
01-21-2000 90076 011 ****61.25

1. Entity Name

WINDEMERE SHORES CONDOMINIUM ASSOC., INC.

Principal Place of Business	Mailing Address
2600 OCEAN SHORE BOULEVARD UNIT 212 ORMOND BEACH FL 32176-2376	2600 OCEAN SHORE BOULEVARD UNIT 212 ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

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 59-2279209 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCOY, ED 2600 OCEAN SHORE BOULEVARD UNIT 301 ORMOND BEACH FL 32176	Name: John W. Sargent U-103 Street Address (P.O. Box Number is Not Acceptable): 2600 Ocean Shore Blvd. City: Ormond Beach **FL** Zip Code: 32176

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.

SIGNATURE: JOHN W. SARGENT VICE PRESIDENT J.W. Sargent 11/14/00
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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SARGENT, JOHN 2600 OCEAN SHORE BLVD. 103 ORMOND BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S- Fleagle, Barbara 2600 Ocean Shore Blvd. Ormond Beach, Fl.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WHITE,,JOAN 2600 OCEAN SHORE BD 104 ORMOND BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Erdmann, Robert 2600 Ocean Shore Blvd Ormond Beach, Fl.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OGLE, BILL 2600 OCEAN SHORE BLVD #107 ORMOND BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCOY, ED 2600 OCEAN SHORE BLVD. UNIT 210 ORMOND BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEEKS, PHYLLIS I 2600 OCEAN SHORE BLVD ORMAOND BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED J.W. Sargent 11/14/00 904/441-0419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #