

2001 UNIFORM-BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90113 026 ****61.25

DOCUMENT # 759759

1. Entity Name

WINDEMERE SHORES CONDOMINIUM ASSOC., INC.

Principal Place of Business

2600 OCEAN SHORE BOULEVARD
UNIT 212
ORMOND BEACH FL 32176-2376

Mailing Address

2600 OCEAN SHORE BOULEVARD
UNIT 212
ORMOND BEACH FL 32176-2376

2. Principal Place of Business

Windemere Shores Condo.

3. Mailing Address

Windemere Shores Condominium

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14-104

212

City & State

City & State

ORMOND BEACH, FL

ORMOND BEACH, FL

Zip

Country

Zip

Country

32176

USA

32176

USA

6. Name and Address of Current Registered Agent

SERGEANT, JOHN W
2600 OCEAN SHORE BOULEVARD
UNIT 301
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2279209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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

Signature, typed or printed name of registered agent and not 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

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	SD FLEAGLE, BARBARA 2600 OCEAN BEACH BLVD ORMOND BEACH FL	☐ Delete
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	D ERDMANN, ROBERT 2600 OCEAN SHORE BLVD ORMOND BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEEKS, PHYLLIS I 2600 OCEAN SHORE BLVD ORMOND BCH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARGENT, JOHN 2600 OCEAN SHORE BLVD, 103 ORMOND BEACH, FL 32176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLEAGLE, BARBARA 2600 OCEAN SHORE BLVD, 110 ORMOND BEACH, FL 32176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAUMGARTNER, SONYA 2600 Ocean Shore Blvd, 109 ORMOND BEACH, FL 32176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERDMANN, ROBERT 2600 Ocean Shore Blvd, 307 ORMOND BEACH, FL 32176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEEKS, PHYLLIS I. 104 2600 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)