2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 16, 2002 8:00 am Secretary of State DOCUMENT # 759759 07-16-2002 90351 020 ****61.25 WINDEMERE SHORES CONDOMINIUM ASSOC., INC. Principal Place of Business Mailing Address 2600 OCEAN SHORE BOULEVARD 2600 OCEAN SHORE BOULEVARD **UNIT 104** #212 ORMOND BEACH FL 32176-2376 ORMOND BEACH FL 32176-2376 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2279209 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired US-6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERGENT, JOHN W Street Address (P.O. Box Number is Not Acceptable) 2600 OCEAN SHORE BOULEVARD **UNIT 301** ORMOND BEACH FL 32176 City 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 After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE Delete TITLE Addition NAME SARGENT, JOHN NAME STREET ADDRESS 2600 OCEAN SHORE BLVD. 103 STREET ADDRESS CITY-ST-7IP ORMOND BEACH FL 32176 CITY-ST-ZIP SD TITLE **凌** Delete TITLE Change ☐ Addition NAME FLEAGLE, BARBARA WARREN, NOLA 2600 Ocean Shore 13/10. 106 STREET ADDRESS 2600 OCEAN BEACH BLVD STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32176 CITY-ST-ZIP-ORMOND BEACH **VPD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition BAUMGARTNER, SONYA NAME STREET ADDRESS 2600 OCEAN SHORE BLVD, 109 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32176 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME ERDMANN, ROBERT NAME 2600 OCEAN SHORE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32176 CITY-ST-ZIP TITI F ☐ Delete TITLE Change ■ Addition NAME WEEKS, PHYLLIS I NAME 2600 OCEAN SHORE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32176 CiTY-ST-ZIP TITLE Delete TITLE ☐ 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 than the composition 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 other like empowered

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

7-8-02

386 441-0419