2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State
04-15-2004 90003 039 ****61.25

DOCUMENT # 759759

1. Entity Name
WINDEMERE SHORES CONDOMINIUM ASSOC., INC.

Principal Place of Business	Mailing Address
2600 OCEAN SHORE BOULEVARD UNIT 104 ORMOND BEACH, FL 32176-2376	2600 OCEAN SHORE BOULEVARD #212 ORMOND BEACH, FL 32176-2376

04052004 No Chg-NP CR2E037 (10/03)

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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

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

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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 John W. Sargent 4/9/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SARGENT, JOHN
STREET ADDRESS	2600 OCEAN SHORE BLVD. 103
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	SD
NAME	WARREN, NOLA
STREET ADDRESS	2600 OCEAN SHORE BLVD #106
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	VPD
NAME	BAUMGARTNER, SONYA
STREET ADDRESS	2600 OCEAN SHORE BLVD, 109
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	ERDMANN, ROBERT
STREET ADDRESS	2600 OCEAN SHORE BLVD DELETE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	TD
NAME	WEEKS, PHYLLIS I
STREET ADDRESS	2600 OCEAN SHORE BLVD
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	D
NAME	PETERSON, JANICE
STREET ADDRESS	2600 Ocean Shore Blvd
CITY-ST-ZIP	Ormond Beach, Fl. 32176

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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: John W Sargent JOHN W. SARGENT 4/9/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #