2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 759759 1. Entity Name WINDEMERE SHORES CONDOMINIUM ASSOC., INC.



1. Entity Name WINDEMERE SHORES CONDOMINIUM ASSOC., INC.				01-	-24-2003 90132 021 ****6	1.25	
Principal Place of Business 2800 OCEAN SHORE BOULEVARD UNIT 104 ORMOND BEACH FL 32176-2376		Mailing Address 2600 OCEAN SHORE BOULEVARD #212 ORMOND BEACH FL 32176-2376			A 1871 1888 BY BY BURNES OF BURNES	-	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2279209 Applied For Not Applicate		Applied For Not Applicable	
Zip	Country	Zip	Country	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			
SARGE	NT		Name	Name			
-SERGENT; JOHN W 2600 OCEAN SHORE BOULEVARD			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
UNIT 301	1						
ORMONE) BEACH FL 32176		City		FL Zip Ci	ode	
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or regist	tered agent, or both, in th	e State of Florida. I am familiar wit	h, and accept	
1	Signature, typed or printed name of registered agent	9. Election Cal	E: Registered Agent signature requi	\$5.00 May Be Added to Fees	Make Check Payabl Florida Department of		
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES	S 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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Changi	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Warren, Nola 2600 Ocean Shore BLVD #10 Ormond Beach FL 32176	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP:		☐ Change	e 🗌 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	VPD BAUMGARTNER, SONYA 2600 OCEAN SHORE BLVD, 109 ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERDMANN, ROBERT 2600 OCEAN SHORE BLVD ORMOND BEACH FL 32176	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEEKS, PHYLLIS I 2600 OCEAN SHORE BLVD ORMOND BEACH FL 32176	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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:

SHAM STURGERTOUINEW. Sargest 1/21/03

3R2E037 (10/02