FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:54

DOCUMENT # **768325** **(3)**

1. Corporation Name

WINDCHASE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
220 W. GARDEN ST. P.O. BOX 30039 PENSACOLA FL 32501	220 W. GARDEN ST. P.O. BOX 30039 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1983
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2356362 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

WILKES, CAROL, CPM -
220 W GARDEN ST
SUITE 602
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☑ Addition
NAME	HOPPA, MELODIE	12 NAME	BAOS APPLEGATE	
STREET ADDRESS	2299 SCENIC HIGHWAY, R-12	13 STREET ADDRESS	900 SCENIC HWY #74	
CITY-ST-ZIP	PENSACOLA FL 32503	14 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	~~D~~	21 TITLE	S/T - D	☒ Change ☐ Addition
NAME	~~FERGUSON, LINDA~~	22 NAME	LINDA FERGUSON	
STREET ADDRESS	2299 SCENIC HWY. I-2	23 STREET ADDRESS	2299 SCENIC HWY, F-L	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	VPD	31 TITLE	D	☐ Change ☑ Addition
NAME	MUNCIE, MEREDITH	32 NAME	GRACE MALCOLMSON	
STREET ADDRESS	2299 SCENIC HWY S-2	33 STREET ADDRESS	2299 SCENIC HWY S-11	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GATTERDAM, ANN	42 NAME		
STREET ADDRESS	2299 SCENIC HIGHWAY, P-5	43 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP		
TITLE	~~PD~~	51 TITLE		☐ Change ☐ Addition
NAME	~~PERRY, ED~~	52 NAME		
STREET ADDRESS	~~2299 SCENIC HWY #R1~~	53 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP		
TITLE	~~ST~~	61 TITLE	P-D	☐ Change ☐ Addition
NAME	CANTERBURRY, PHILIP	62 NAME	PHILIP CANTERBURY	
STREET ADDRESS	2299 SCENIC HWY B-4	63 STREET ADDRESS	2299 SCENIC HWY B-4	
CITY-ST-ZIP	PENSACOLA FL 32503	64 CITY-ST-ZIP	PENSACOLA, FL 32503	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Philip P. Canterbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021180