

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 768325 (3)
1. Corporation Name
WINDCHASE BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**220 W. GARDEN ST.
P.O. BOX 30038
PENSACOLA FL 32501**

3. Date Incorporated or Qualified **05/09/1983** 3a. Date of Last Report **04/12/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**WILKES, CAROL, CPM -
220 W GARDEN ST
SUITE 802
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	APPEGATE, BABS	
STREET ADDRESS	900 SCENIC HWY #74	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, LINDA	
STREET ADDRESS	2299 SCENIC HWY I-2	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MALCOLMSON, GRACE	
STREET ADDRESS	2299 SCENIC HWY S-11	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GATTERDAM, ANN	
STREET ADDRESS	2299 SCENIC HIGHWAY, P-5	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PERRY, ED	
STREET ADDRESS	2299 SCENIC HWY #R1	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CANTERBURY, PHILIP	
STREET ADDRESS	2299 SCENIC HWY B-4	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bracewell, Jim	
1.3 STREET ADDRESS	2299 Scenic Highway, H-5	
1.4 CITY-ST-ZIP	Pensacola, FL 32503	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gallo, Claire	
2.3 STREET ADDRESS	2299 Scenic Highway, K-12	
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Riffel, Rita	
3.3 STREET ADDRESS	2299 Scenic Highway, A-4	
3.4 CITY-ST-ZIP	Pensacola, FL 32503	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Smith, Jenny	
4.3 STREET ADDRESS	200 Pensacola Beach Road, I-5	
4.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	States, Julia	
5.3 STREET ADDRESS	2299 Scenic Highway, I-4	
5.4 CITY-ST-ZIP	Pensacola, FL 32503	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, unchanged, or on an attachment with an address.

SIGNATURE: *Philip R. Canterbury* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-24-96** Daytime Phone # **904 433 6661**

CR2E037 (12/95)