**FILED** 

Aug 12 1998 8:00am

Secretary of State

- 1 19844 1864 Bilak 1866 Bilah Bila

## AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT CORPORATION

ANNUAL REPORT



SECOND NOTICE: CORPORATION WILL, BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 768325

(3)

WINDCHASE BAY CONDOMINIUM ASSOCIATION, INC.

		· · · · · · · · · · · · · · · · · · ·	<u> </u>							
Ρſ	Incipal Place of Susiness	Mailing Address	Valting Address							
P.	20 W. GARDEN \$T. O. BOX 30038 ENSACOLA FL 32501	220 W. GARDEN ST. P.O. BOX 30038 PENSACOLA FL 32501				Date Incorporated or Qualified     05/09/1983				
	CHONOCK TE OSSOT	r printer to veget				4. FEI Number Applied For S9-2356362 Not Applicable				
2. Principal Place of Business		2a. Mailing Address	<del></del>			5. Certificate of Status Desired \$8.75 Additional Fee Required				
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23	City & State	City & State				7. Is this nonprofit corporation a homeowners association?  Yes No				
24	Zip Country 25	Zip 29	Country 30			8. This corporation owes or has paid the current year intengible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
WILKES, CAROL, CPM - 220 W GARDEN ST					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
SUITE 802										
PENSACOLA FL 32501				B4	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										

reliabilities by provisions of security and of 7,000 profiles 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS	6	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12						
TITLE	V	DELETE	1.1 TITLE	PID	Change Addition						
NAME	SMITH, JENNY		1.2 NAME	DDE RYAN 4 FS							
STREET ADDRESS	200 PENSACOLA BEACH ROAD STE 15		1.3 STREET ADDRESS	22.99 SCANIC HUY FS	'						
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY-ST-ZIP	PENSACIA, FL 32503	4						
TITLE	D	DETETE	2.1 TITLE	VP/D	Change Addition						
NAME	WEST, SHARON		2.2 NAME	KEN CHERY							
STREET ADDRESS	2299 SCENIC HIGHWAY ROAD		2.3 STREET ADDRESS	2294 SCENIC HWY DE	1						
CrTY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	PENSACOLA, PL 32503							
TITLE	D	DELETE	3.1 TITLE	D RICHARD PAPER	Change Addition						
NAME	RIPPEL, RITA		3.2 NAME	& RICHARD PORC	*						
STREET ADDRESS	2299 SCENIC 11WY A-4		3.3 STREET ADDRESS	9912 HILLYEW							
CITY-ST-ZIP	PENSAGOLA FL		3.4 CITY-ST-ZIP	PENSACILA, EL 32514							
TITLE	<b>ा</b>	DELETE	4.1 TITLE	<b>3</b> 2	Change Addition						
NAME	<b>GATTERDAM, ANN</b>		4.2 NAME	Mary Huller							
STREET ADDRESS	2299 SCENIC HIGHWAY, P-5		4.3 STREET ADDRESS	2299 SCENIC HUM R. 6							
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	PRINSOLA 1 15L 32503	<u></u>						
TITLE	PD	DELETE	5.1 TITLE	NO .	Change Addition						
NAME	CANTERBURY, PHILIP		5.2 NAME	BABS APPLEATE 1199 SCENE HWY EII	J						
STREET ADDRESS	2299 SCENIC HWY B-4		5.3 STREET ADDRESS	2199 SCENE HWY KIN							
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	PENSAGOLA 121 32503							
TITLE		DELETE	6.1 TITLE		Change Addition						
NAME			62 NAME								
STREET ADDRESS			6.3 STREET ADDRESS	ĺ	Ĺ						
CITY-ST-ZIP			6.4 CITY-ST-ZIP								

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Fiorida 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:

8 SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OF CER OR DIRECTOR

Davlime Phone #