

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90009 020 ****61.25

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DOCUMENT # 768325

1. Corporation Name

WINDCHASE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

220 W. GARDEN ST.
P.O. BOX 30038
PENSACOLA FL 32501

Mailing Address

220 W. GARDEN ST.
P.O. BOX 30038
PENSACOLA FL 32501



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/09/1983

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

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 ☐ DELETE

TITLE V
NAME SMITH, JENNY
STREET ADDRESS 200 PENSACOLA BEACH ROAD STE 15
CITY-ST-ZIP GULF BREEZE FL

TITLE PD ☐ DELETE

NAME RYAN, JOE
STREET ADDRESS 2299 SCENIC HWY FS
CITY-ST-ZIP PENSACOLA FL 32503

TITLE VPD ☐ DELETE

NAME CURRY, KEN
STREET ADDRESS 2299 SCENIC HWY D2
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ST ☐ DELETE

NAME GATTERDAM, ANN
STREET ADDRESS 2299 SCENIC HIGHWAY, P-5
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME APPLGATE, BABS
STREET ADDRESS 2299 SCENIC HWY R11
CITY-ST-ZIP PENSACOLA FL 32503

TITLE D ☒ DELETE

NAME MILLER, MARY
STREET ADDRESS 2299 SCENIC HWY R 6
CITY-ST-ZIP PENSACOLA FL 32503

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)