

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90046 011 ****61.25

DOCUMENT # 768325

1. Entity Name

WINDCHASE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

220 W. GARDEN ST.
 P.O. BOX 30038
 PENSACOLA FL 32501-5702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2356362

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

CHECK # _____



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILKES, CAROL, CPM -
220 W GARDEN ST
SUITE 802
PENSACOLA FL 32501

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, JENNY	
STREET ADDRESS	200 PENSACOLA BEACH ROAD STE 15	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RYAN, JOE	
STREET ADDRESS	2299 SCENIC HWY FS	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CURRY, KEN	
STREET ADDRESS	2299 SCENIC HWY D2	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GATTERDAM, ANN	
STREET ADDRESS	2299 SCENIC HIGHWAY, P-5	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPGATE, BABS	
STREET ADDRESS	2299 SCENIC HWY R11	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

Date

Daytime Phone #

CR2E037 (9/99)