

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

0016876

DOCUMENT # 768325

1. Entity Name

WINDCHASE BAY CONDOMINIUM ASSOCIATION, INC.

04-16-2001 90058 041 ****61.25

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

3298 Summit Blvd.

3. Mailing Address

3298 Summit Blvd.

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

Suite 4

City & State

Pensacola

City & State

Pensacola

Zip

FL

Country

32503

Zip

FL

Country

32503

4. FEI Number

59-2356362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Ray, O. Etheridge

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

3298 Summit Blvd.

City

Suite 4

City

Pensacola

FL

Zip Code

32503

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

Ray O Etheridge

RAY O ETHERIDGE

4/5/01

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Amenther	
STREET ADDRESS	7955 Lancelot Drive	
CITY-ST-ZIP	Pensacola FL 32514	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fleurette Fontaine	
STREET ADDRESS	2299 Scenic Hwy 1-3	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Becky Ringwald	
STREET ADDRESS	2299 Scenic Hwy 2-11	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon Formsma	
STREET ADDRESS	2299 Scenic Hwy M-2	
CITY-ST-ZIP	Pensacola FL 32503	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nita Cramer	
STREET ADDRESS	2299 Scenic Hwy 2-2	
CITY-ST-ZIP	PENSACOLA FL 32503	

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: *X SKENATURE REQUIRED Curry, President* 4-11-01 850-434-3885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)