

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90257 009 *****61.25

DOCUMENT # 768325

1. Entity Name

WINDCHASE BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**3298 SUMMIT BLVD.
SUITE 4
PENSACOLA FL 32503**

Mailing Address

**3298 SUMMIT BLVD.
SUITE 4
PENSACOLA FL 32503**

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ETHERIDGE, RAY O
3298 SUMMIT BLVD.
SUITE 4
PENSACOLA FL 32503**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	AMENTLER, JOHN	
STREET ADDRESS	7985 LANCELOT DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FONTAINE, FLEUREITE	
STREET ADDRESS	2299 SCENIC HWY L-3	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CURRY, KEN	
STREET ADDRESS	2299 SCENIC HWY D2	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RINGWALD, BECKY	
STREET ADDRESS	2299 SCENIC HWY K-11	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORMSMA, GORDON	
STREET ADDRESS	2299 SCENIC HWY M-2	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAMER, NITA	
STREET ADDRESS	2299 SCENIC HWY R-2	
CITY-ST-ZIP	PENSACOLA FL 32503	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amentler, John	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ringwald, Becky	
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:

KEN CURRY
SIGNATURE REQUIRED

4-22-03 850-4343585

CR2E037 (10/02)