

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90009 034 ***550.00

DOCUMENT # G76921

1. Corporation Name

WINDWARD PASSAGE DEVELOPMENT CORPORATION

Principal Place of Business
414 CRESCENT STREET
FT MYERS BEACH FL 33931

Mailing Address
414 CRESCENT STREET
FT MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1983

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

58-1607514

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year

Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNBERG, CHRIS
414 CRESCENT STREET
FT MYERS BEACH FL 33931

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **STREIT, EDWARD F.**
STREET ADDRESS **2000 W. GALENA BLVD., 3RD FLOOR**
CITY-ST-ZIP **AURORA IL 60506**

1.1 TITLE ☐ Change ☐ Addition

TITLE **ST** ☐ DELETE

NAME **ARNBERG, CHRIS**
STREET ADDRESS **414 CRESCENT STREET**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

2.1 TITLE ☐ Change ☐ Addition

TITLE **V** ☐ DELETE

NAME **KREUSER, WILLIAM**
STREET ADDRESS **414 CRESCENT STREET**
CITY-ST-ZIP **FT MYERS BEACH FL 33931**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CHRIS ARNBERG ST
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/99 941/765-8866
Date Daytime Phone #

CR2E034 (5/99)

0097972