

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
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 90208 050 ***150.00

DOCUMENT # **H95026**

1. Corporation Name

WW II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**3301 ALTERNATE US 19 NORTH
366 WESTWIND II
DUNEDIN FL 34698**

Mailing Address

**3301 ALTERNATE US 19 NORTH
366 WESTWIND II
DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1986

4. FEI Number

59-2636916

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**SANDUSKY, MARGARET M.
3301 ALT US 19 NORTH
366 WESTWIND II
DUNEDIN FL 34698**

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 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

TITLE **D** ☒ DELETE
NAME **SCHMITT, ELMER**
STREET ADDRESS **815 WESTWIND II**
CITY-ST-ZIP **DUNEDIN FL**

TITLE **V** ☒ DELETE
NAME **SANG, VOGEL JOHN**
STREET ADDRESS **291 WESTWIND 11**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **T** ☐ DELETE
NAME **KATZENBACH, NICHOLAS**
STREET ADDRESS **803 WESTWIND 11**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **S** ☐ DELETE
NAME **SLEICHER, BARBARA**
STREET ADDRESS **384 WESTWIND 11**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☒ DELETE
NAME **WATKINS, FLORENCE**
STREET ADDRESS **813 WESTWIND 11**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **P** ☒ DELETE
NAME **PORELL, DON**
STREET ADDRESS **485 WESTWIND 11**
CITY-ST-ZIP **DUNEDIN FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P

**TWEEDY ROBERT
172 WESTWIND II
DUNEDIN FL 34698**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V

**HART JOHN
479 WESTWIND II
DUNEDIN, FL. 34698**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

V

**EWANOS BARBARA
453 WESTWIND II
DUNEDIN FL. 34698**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

C

**KATZENBACH SHIRLEY
803 WESTWIND II
DUNEDIN, FL 34698**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D

**STALL DWIGHT
161 WESTWIND II
DUNEDIN FL. 34698**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

**JELTES JOHN
281 WESTWIND II
DUNEDIN FL. 34698**

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, with all other like empowered.

SIGNATURE: **Nicholas Katzenbach** **NICHOLAS KATZENBACH** **3/1/99** **727-786-8377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)