

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005733

1. Entity Name

WINDWARD BAY AT TARPON BAY CONDOMINIUM ASSOCIATI

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90207 001 ***980.00

Principal Place of Business

24301 WALDEN CENTER DRIVE STE 300
BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DRIVE STE 300
BONITA SPRINGS FL 34134

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

59-3687117

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

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE STE 300
BONITA SPRINGS FL 34134

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

TITLE PD
NAME HAYDEN, KENNETH W ☒ Delete
STREET ADDRESS 24301 WALDEN CENTER DRIVE STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE VD
NAME FRIEDMAN, ARTHUR ☐ Delete
STREET ADDRESS 24301 WALDEN CENTER DRIVE STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE STD
NAME BLAIR, YVONNE ☒ Delete
STREET ADDRESS 24301 WALDEN CENTER DRIVE STE 300
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P.D.
NAME FLINN, MILTON. G ☐ Change ☒ Addition
STREET ADDRESS 24301 WALDEN CENTER DRIVE
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

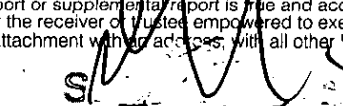
TITLE DST
NAME Kennedy, Lynda ☐ Change ☒ Addition
STREET ADDRESS 24301 Walden Center Dr.
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 persons empowered.

SIGNATURE: 

SIGNATURE OF REGISTERED AGENT OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)