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

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90500 003 ****61.25

DOCUMENT # N00000005733

1. Entity Name: WINDWARD BAY AT TARPON BAY CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24201 WALDEN CENTER DR	24201 WALDEN CENTER DR
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.: 206
City & State: BONITA SPRINGS, FL	City & State: BONITA SPRINGS, FL
Zip: 34134 Country: USA	Zip: 34134 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3687117 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: WCI COMMUNITIES PROPERTY MANAGEMENT, INC
Street Address (P.O. Box Number is Not Acceptable): 24201 WALDEN CENTER DR. #206
City: BONITA SPRINGS FL Zip Code: 34134

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: Sylvia Keith SYLVIA KEITH 2/19/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	TITLE	
NAME	INCANTALUPO, ANTHONY	NAME	
STREET ADDRESS	1878 TARPON BAY DR. S. #303	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34119	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	KRAUS, DON	NAME	
STREET ADDRESS	1878 TARPON BAY DR. S. #204	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34119	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	DONOFRIO, DENISE	NAME	
STREET ADDRESS	1878 TARPON BAY DR. S. #203	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34119	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	VLASHO, PATRICIA	NAME	
STREET ADDRESS	1878 TARPON BAY DR. S. #202	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL. 34119	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony Incantalupo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #