

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90034 041 ****70.00

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01252007 Chg-NP CR2E037 (12/06)

DOCUMENT # N00000007876 1. Entity Name LAKE WINDS APARTMENTS, INC.					
Principal Place of Business 445 31ST STREET NORTH ST PETERSBURG, FL 33713			Mailing Address 445 31ST STREET NORTH ST PETERSBURG, FL 33713		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3682167	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACMATH, GARY 445 31ST STREET NORTH ST PETERSBURG, FL 33713				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DP MISIEWICZ, PAUL V <input type="checkbox"/> Delete STREET ADDRESS 1601 CENTRAL AVE CITY-ST-ZIP ST PETERSBURG, FL 33713				
TITLE	D LOTT, MARTIN <input type="checkbox"/> Delete STREET ADDRESS 299-9TH STREET NORTH CITY-ST-ZIP ST PETERSBURG, FL 33701				
TITLE	DST POYNTER, SALLY <input type="checkbox"/> Delete STREET ADDRESS 100 BEACH DRIVE NE #1103 CITY-ST-ZIP ST PETERSBURG, FL 33701				
TITLE	D WILLIAMS, ALTON M <input checked="" type="checkbox"/> Delete STREET ADDRESS 445 31ST STREET NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33713				
TITLE	D BUSSEY, RUTLAND <input type="checkbox"/> Delete STREET ADDRESS 445 31ST STREET NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33713				
TITLE	D PITTS, BOB <input type="checkbox"/> Delete STREET ADDRESS 334 48TH AVE N APT 132 CITY-ST-ZIP ST PETERSBURG, FL 33703				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP				
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP				
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP				
TITLE	NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS <i>Jeff Mary McCook</i> CITY-ST-ZIP <i>445 31st Street N</i> <i>St. Petersburg, FL 33713</i>				
TITLE	NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <i>DP</i> CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Paul Misiewicz</i> <i>2/2/07</i> <i>821-4819</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					