

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 PM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36752 (6)

1. Corporation Name

WINDWARD PATIO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4005 CAPE HAZE DR.
CAPE HAZE FL 33947
US

4005 CAPE HAZE DR.
CAPE HAZE FL 33947
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1990

3a. Date of Last Report

04/12/1994

4. FEI Number

65-0183771

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

X

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

X

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 3751 Cape Haze Drive

26 P.O. Box 475

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 475

27

City & State

City & State

23 Cape Haze, FL

28 Cape Haze, FL

Zip

Country

Zip

Country

24 33946

25 USA

29 33946

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANAHY, THOMAS J.
15438 NORTH FLORIDA AVE.
SUITE 200
TAMPA FL 33818

81 Name John E. Brandenberger

82 Street Address (P.O. Box Number is Not Acceptable)
3751 Cape Haze Drive

83

84

City Cape Haze,

FL

85 Zip Code 33946

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 John E. Brandenberger

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of registered agent and title if applicable

DATE

4/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WILSON, LOU ELLEN
STREET ADDRESS 4005 CAPE HAZE DRIVE
CITY - ST - ZIP CAPE HAZE FL 33947

1.1 TITLE P/D.
1.2 NAME Bretz, Earle
1.3 STREET ADDRESS 26 Windward Court
1.4 CITY - ST - ZIP Cape Haze, FL 33946

☒ Change ☐ Addition

TITLE VD
NAME BRETZ, EARL
STREET ADDRESS 26 WINDWARD COURT
CITY - ST - ZIP CAPE HAZE FL 33946

2.1 TITLE VD
2.2 NAME Wiese, Dick
2.3 STREET ADDRESS 234 Westwind Drive
2.4 CITY - ST - ZIP Cape Haze, FL 33946

☒ Change ☐ Addition

TITLE SD
NAME HOLMAN, MARJORIE
STREET ADDRESS 4005 CAPE HAZE DRIVE
CITY - ST - ZIP CAPE HAZE FL 33947

3.1 TITLE S/P
3.2 NAME Bob Otting
3.3 STREET ADDRESS 22 Windward Terrace
3.4 CITY - ST - ZIP Cape Haze, FL 33946

☒ Change ☐ Addition

TITLE AS
NAME FARRISH, NATALIE
STREET ADDRESS 4005 CAPE HAZE DR.
CITY - ST - ZIP CAPE HAZE FL 33947

4.1 TITLE T/P
4.2 NAME Mary Schoenecker
4.3 STREET ADDRESS 121 Westwind Drive
4.4 CITY - ST - ZIP Cape Haze, FL 33946

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

697-9722