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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N36752** **(6)**

1. Corporation Name

WINDWARD PATIO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3751 CAPE HAZE DR PO BOX 475 CAPE HAZE FL 33946 US	PO BOX 475 CAPE HAZE FL 33946 US

3. Date Incorporated or Qualified: 02/20/1990

4. FEI Number: 65-0183771 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRANDENBERGER, JOHN E.
3751 CAPE HAZE DRIVE
CAPE HAZE FL 33946

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	PD	☐ Change XX Addition
NAME	BRETZ, EARLE		1.2 NAME	LOUIS J. GUILBAULT	
STREET ADDRESS	26 WINDWARD COURT		1.3 STREET ADDRESS	3751 CAPE HAZE DR	
CITY-ST-ZIP	CAPE HAZE FL		1.4 CITY-ST-ZIP	CAPE HAZE, FL 33946	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change XX Addition
NAME	SIPES, B. J.		2.2 NAME	DON BURHART	
STREET ADDRESS	3751 CAPE HAZE DRIVE		2.3 STREET ADDRESS	3751 CAPE HAZE DR	
CITY-ST-ZIP	CAPE HAZE FL		2.4 CITY-ST-ZIP	CAPE HAZE, FL 33946	
TITLE	PD	☒ DELETE	3.1 TITLE	SD	☐ Change XX Addition
NAME	OTTING, BOB		3.2 NAME	MIRIAM INNIS	
STREET ADDRESS	22 WINDWARD TERR		3.3 STREET ADDRESS	3751 CAPE HAZE DR	
CITY-ST-ZIP	CAPE HAZE FL		3.4 CITY-ST-ZIP	CAPE HAZE, FL 33946	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change XX Addition
NAME	FREY, CAROL		4.2 NAME	RICHARD BARKER	
STREET ADDRESS	3751 CAPE HAZE DRIVE		4.3 STREET ADDRESS	3751 CAPE HAZE DR	
CITY-ST-ZIP	CAPE HAZE FL		4.4 CITY-ST-ZIP	CAPE HAZE, FL 33946	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Miriam J. Innis MIRIAM J. INNIS 2/18/98 (941)697-9722