

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90113 029 ****70.00

0061440

DOCUMENT # N36752

1. Corporation Name

WINDWARD PATIO ASSOCIATION, INC.

Principal Place of Business

3751 CAPE HAZE DR
PO BOX 475
CAPE HAZE FL 33946
US

Mailing Address

PO BOX 475
CAPE HAZE FL 33946
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GUILBAULT, LOUIS J
STREET ADDRESS 3751 CAPE HAZE DR
CITY-ST-ZIP CAPE HAZE FL 33946☐ DELETETITLE VD
NAME BURHART, DON
STREET ADDRESS 3751 CAPE HAZE DR
CITY-ST-ZIP CAPE HAZE FL 33946☒ DELETETITLE SD
NAME INNIS, MARIAM
STREET ADDRESS 3751 CAPE HAZE DR
CITY-ST-ZIP CAPE HAZE FL 33946☐ DELETETITLE TD
NAME BARKER, RICHARD
STREET ADDRESS 3751 CAPE HAZE DR
CITY-ST-ZIP CAPE HAZE FL 33946☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD

MAUPAI, MARDIE

3751 CAPE HAZE DR

CAPE HAZE, FL 33946

☐ Change ☒ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Louis Guilbault*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/99 (941)697-9722

CR2E037 (1/98)