

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36752

1. Entity Name

WINDWARD PATIO ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90067 026 ****70.00

Principal Place of Business

Mailing Address

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

PO BOX 475
CAPE HAZE FL 33946-0475
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0183771

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME GUILBAULT, LOUIS J
STREET ADDRESS 3751 CAPE HAZE DR
CITY-ST-ZIP CAPE HAZE FL 33946

TITLE VD ☐ Delete
NAME MAUPAI, MARDIE
STREET ADDRESS 3751 CAPE HAZE DR
CITY-ST-ZIP CAPE HAZE FL 33946

TITLE SD ☐ Delete
NAME INNIS, MARIAM
STREET ADDRESS 3751 CAPE HAZE DR
CITY-ST-ZIP CAPE HAZE FL 33946

TITLE TD ☒ Delete
NAME BARKER, RICHARD
STREET ADDRESS 3751 CAPE HAZE DR
CITY-ST-ZIP CAPE HAZE FL 33946

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition
NAME Rhoda Rice
STREET ADDRESS 3751 Cape Haze Dr.
CITY-ST-ZIP Cape Haze, FL 33946

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME John McCallum
STREET ADDRESS 3751 Cape Haze Drive
CITY-ST-ZIP Cape Haze, FL 33946

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIRIAM J. INNIS

Date

Daytime Phone #

2/29/00

941-697-9722