

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36752

1. Entity Name

WINDWARD PATIO ASSOCIATION, INC.

FILED

Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90155 032 ****70.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0183771

Applied For

Not Applicable

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: FEE 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 NAME STREET ADDRESS CITY-ST-ZIP	VD RICE, RHODA 3751 CAPE HAZE DR CAPE HAZE FL 33946	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAUPAI, MARDIE 3751 CAPE HAZE DR CAPE HAZE FL 33946	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROCH, JEWEL 3751 CAPE HAZE DRIVE CAPE HAZE FL 33946	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCALLUM, JOHN 3751 CAPE HAZE DR CAPE HAZE FL 33946	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brown, Donald 3751 Bape Haze Dr. Cape Haze, FL 33946	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dymecki, Louis 3751 Cape Haze Dr. Cape Haze, FL 33946	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

Date

941-697-9722

Daytime Phone #

CR2E037 (9/01)