

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007085

FILED
Apr 20, 2007
Secretary of State

Entity Name: THE POOLS AT WINDWARD PASSAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

213 WINDWARD PASSAGE
CLEARWATER, FL 33767

New Principal Place of Business:

Current Mailing Address:

213 WINDWARD PASSAGE
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: 59-3594786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAYNOR, JOSEPH W
219 WINDWARD PASSAGE
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEEK, JOHN
Address: 213 WINDWARD PASSAGE
City-St-Zip: CLEARWATER, FL 33767

Title: VD () Delete
Name: FLINT, NELSON
Address: 229 WINDWARD PASSAGE
City-St-Zip: CLEARWATER, FL 33767

Title: TD () Delete
Name: BROCK, BRUCE
Address: 211 WINDWARD PASSAGE
City-St-Zip: CLEARWATER, FL 33767

Title: SD () Delete
Name: HERSHMAN, CAROLE
Address: 221 WINDWARD PASSAGE
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MEEK

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date