


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90087 044 ****61.25

DOCUMENT # N01000001079

1. Entity Name
WESTWIND II RESIDENT OWNED COMMUNITY, INC.



Principal Place of Business
**3301 U.S. ALTERNATE 19 NORTH #181
 DUNEDIN, FL 34698**

Mailing Address
**3301 U.S. ALTERNATE 19 NORTH #181
 DUNEDIN, FL 34698**

50033257



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03222005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
TWEEDY, ROBERT
3301 U.S. ALTERNATE 19 NORTH
LOT 172
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent
 Name **MARGARET M. ROBERTS**
 Street Address (P.O. Box Number is Not Acceptable)
3301 ALT 19 # 366
DUNEDIN FL 34698
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARGARET M. ROBERTS *Margaret M. Roberts* 3-24-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT TWEEDY, ROBERT 3301 ALT 19 N LOT 172 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWITZ, MARCIA 3301 ALT 19N LOT 181 DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CASE, WAYNE 3301 ALT 19 N LOT 350 DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHOICHER, ROBERT 3301 ALT 19N LOT 181 DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUEDE, DICK 3301 U.S. ALTERNATE 19 NORTH #181 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, ARTIE 3301 ALT 19N LOT 181 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KATZENBACK NICHOLAS 3301 ALT 19 N LOT 803 DUNEDIN FL 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SLEICHER, ROBERT 3301 ALT 19N LOT 394 DUNEDIN FL 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUTH SHIRING 3301 ALT 19N LOT 288 DUNEDIN FL 34698 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #