


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90072 037 ****61.25

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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**

40062438



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03262007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
59-3707275

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**ROBERTS, MARGARET M
 3301 U.S. ALTERNATE 19
 #366
 DUNEDIN, FL 34698**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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, 2007

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 KATZENBACK, NICHOLAS 3301 ALT 19 N LOT 803 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 SLEICHER, ROBERT 3301 ALT 19 #384 DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLEICHER, BARBARA 3301 ALT 19 N #384 DUNEDIN, FL 34698 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	V P D CASE WAYNE 3301 ALT 19 N #350 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	P D PAUL CHAPMAN 3301 ALT 19 N #485 DUNEDIN FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Paul K. Chapman* **PAUL K. CHAPMAN** **13 APRIL 07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

727-781-0403