2007 NOT-FOR-PROFIT CORPORATION

STREET ADDRESS

SIGNATURE:

Apr 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N01000001079 04-16-2007 90072 037 ****61.25 WESTWIND II RESIDENT OWNED COMMUNITY, INC. Principal Place of Business Mailing Address 40062438 3301 U.S. ALTERNATE 19 NORTH #181 3301 U.S. ALTERNATE 19 NORTH #181 DUNEDIN, FL 34698 DUNEDIN, FL 34698 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3707275 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, MARGARET M 3301 U.S. ALTERNATE 19 Street Address (P.O. Box Number is Not Acceptable) #366 DUNEDIN, FL 34698 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ΑT TITLE Delete TITLE ☐ Change ☐ Addition KATZENBACK, NICHOLAS NAME NAME STREET ADDRESS STREET ADDRESS 3301 ALT 19 N LOT 803 CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SWITZ, MARCIA NAME NAME STREET ADDRESS 3301 ALT 19N LOT 181 STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP VPD PC TITLE ☐ Delete TITLE Change ☐ Addition CASE WAYNE 3301 ALT 19 N =350 CASE, WAYNE NAME NAME STREET ADDRESS 3301 ALT 19 N LOT 350 STREET ADDRESS DUNEdIN FL 34698 CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SLEICHER, ROBERT NAME NAME STREET ADDRESS 3301 ALT 19 #384 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUNEDIN, FL 34698 TITLE ☐ Delete TITLE Change Change Addition SLEICHER, BARBARA NAMÉ NAME STREET ADDRESS 3301 ALT 19 N #384 STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP ☐ Change **Addition** TITLE ☐ Delete CHAPMAN # 485 NAME

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. PAULK. CHAPMAN 13 APRILOF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3301

DUNEDIN FL 34698

STREET ADDRESS

CITY-ST-ZIP

FILED