

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90026 007 ****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 |
|---|---|

40049994



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

02272008 Chg-NP CR2E037 (12/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3707275 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ROBERTS, MARGARET M
3301 U.S. ALTERNATE 19
#366
DUNEDIN, FL 34698

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, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 | VPD CASE, WAYNE 3301 ALT 19 N LOT 350 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SLEICHER, ROBERT 3301 ALT 19 #384 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SLEICHER, BARBARA 3301 ALT 19 N #384 DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHAPMAN, PAUL 3301 ALT 19 N #350 DUNEDIN, FL 34698 <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JAMES BEASLEY 3301 ALT 19 N # 262 DUNEDIN FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAYMOND WHEELER 3301 ALT 19 N # 192 DUNEDIN FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ELAINE BLANK 3301 ALT 19 N # 165 DUNEDIN FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHN HOWARD 3301 ALT 19 N # 477 DUNEDIN FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROGER CRABTREE 3301 ALT 19 N # 368 DUNEDIN FL 34698 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PAUL CHAPMAN 3301 ALT 19 N # 350 DUNEDIN FL 34698 <input checked="" type="checkbox"/> Change <input 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: J. Beasley Date: 3/10/08 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11

ATTACHMENT

T

BRENDA BEASLEY
3301 ALT 19 N # 262
DUNEDIN FL 34698

40049994
NO1000001079

S

SANDRA CRABTREE

3301 ALT 19 N # 368

DUNEDIN FL 34698