

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2009
Secretary of State**

DOCUMENT# N01000001079

Entity Name: WESTWIND II RESIDENT OWNED COMMUNITY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3707275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, MARGARET M
3301 U.S. ALTERNATE 19
#366
DUNEDIN, FL 34698 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: BEASLEY, JAMES
Address: 3301 ALT 19 N #262
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: SWITZ, MARCIA
Address: 3301 ALT 19N LOT 181
City-St-Zip: DUNEDIN, FL 34698

Title: VPD () Delete
Name: BLANK, ELAINE
Address: 3301 ALT 19 N #165
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: HOWARD, JOHN
Address: 3301 ALT 19 N #477
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: CRABTREE, ROGER
Address: 3301 ALT 19 N #368
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: CHAPMAN, PAUL
Address: 3301 ALT 19 N #350
City-St-Zip: DUNEDIN, FL 34698

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:

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 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: ELAINE BLANK

VPD

03/02/2009

Electronic Signature of Signing Officer or Director

Date