

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
Apr 09, 2003 8:00 am  
**Secretary of State**

04-09-2003 90098 015 \*\*\*\*61.25

DOCUMENT # **N01000001079**

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



Principal Place of Business      Mailing Address  
**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      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3707275**      Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**TWEEDY, ROBERT**      Name  
**3301 U.S. ALTERNATE 19 NORTH**      Street Address (P.O. Box Number is Not Acceptable)  
**LOT 172.**  
**DUNEDIN FL 34698**      City      **FL**      Zip Code

I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>DC</b>	<input type="checkbox"/> Delete <b>KATZENBACH, NICK</b> STREET ADDRESS <b>3301 ALT 19N LOT 181</b> CITY-ST-ZIP <b>DUNEDIN FL 34698</b>	TITLE <b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Barbara Sheicher</b> STREET ADDRESS <b>3301 Alt 19 N Lot 181</b> CITY-ST-ZIP <b>Dunedin FL 34698</b>
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>SWITZ, MARCIA</b> STREET ADDRESS <b>3301 ALT 19N LOT 181</b> CITY-ST-ZIP <b>DUNEDIN FL 34698</b>	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Hart</b> STREET ADDRESS <b>3301 Alt 19 N Lot 181</b> CITY-ST-ZIP <b>Dunedin FL 34698</b>
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>GRANT, BOYD</b> STREET ADDRESS <b>3301 ALT 19N LOT 181</b> CITY-ST-ZIP <b>DUNEDIN FL 34698</b>	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Wayne Case</b> STREET ADDRESS <b>3301 ALT 19N LOT 181</b> CITY-ST-ZIP <b>Dunedin FL 34698</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <b>STEVENS, STANLEY</b> STREET ADDRESS <b>3301 ALT 19N LOT 181</b> CITY-ST-ZIP <b>DUNEDIN FL 34698</b>	TITLE <b>J</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert Sheicher</b> STREET ADDRESS <b>3301 ALT 19 N Lot 181</b> CITY-ST-ZIP <b>Dunedin, FL 34698</b>
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition <b>Dick Ruede</b> <b>DIRCKS, BARBARA</b> STREET ADDRESS <b>3301 U.S. ALTERNATE 19 NORTH #181</b> CITY-ST-ZIP <b>DUNEDIN FL 34698</b>	TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ruth Sheicher</b> STREET ADDRESS <b>3301 ALT 19 N Lot 181</b> CITY-ST-ZIP <b>Dunedin FL 34698</b>
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete <b>EWANOS, BARBARA</b> STREET ADDRESS <b>3301 ALT 19N LOT 181</b> CITY-ST-ZIP <b>DUNEDIN FL 34698</b>	TITLE <b>DARRIN MARRAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Arnie Martin</b> STREET ADDRESS <b>3301 ALT 19 N Lot 181</b> CITY-ST-ZIP <b>Dunedin FL 34698</b>

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]*      **3-26-03**      **784-4380**

CR2E037 (10/02)