

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 MAY -1 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26335 (2)

1. Corporation Name
WESTWIND AT RIDGEMOOR HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business 1127 MAIN STREET DUNEDIN FL 34698	Mailing Address 1127 MAIN STREET DUNEDIN FL 34698
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1988	3a. Date of Last Report 03/22/1994
4. FEI Number 59-2915278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BLACK, GARY
4061 WELLINGTON PARKWAY
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

81 Name AL RYCKMAN
82 Street Address (P.O. Box Number is Not Acceptable) 4044 Wellington Parkway
83
84 City Palm Harbor, FL
85 Zip Code 34685

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Al Ryckman* (NOTE: Registered Agent signature required when reinstating) DATE: **4-18-95**

12. OFFICERS AND DIRECTORS

TITLE P	NAME BLACK, GARY	STREET ADDRESS 4061 WELLINGTON PARKWAY	CITY - ST - ZIP PALM HARBOR FL
TITLE VD	NAME TELLIER, CHARLES	STREET ADDRESS 5684 WELLINGTON DR	CITY - ST - ZIP PALM HARBOR FL
TITLE STD	NAME ZIEGLER, ARTHUR	STREET ADDRESS 5687 WELLINGTON CT	CITY - ST - ZIP PALM HARBOR FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME AL RYCKMAN	
1.3 STREET ADDRESS 4044 Wellington Parkway	
1.4 CITY - ST - ZIP Palm Harbor, FL 34685	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Peggy Smith	
2.3 STREET ADDRESS 5685 Wellington Drive	
2.4 CITY - ST - ZIP Palm Harbor, FL 34685	
3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Arleen Ange!	
3.3 STREET ADDRESS 4036 Wellington Parkway	
3.4 CITY - ST - ZIP Palm Harbor, FL 34685	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME 8/26/19	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Al Ryckman* DATE: **4-18-95** 813-2880043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Al Ryckman