

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 05/09/1988  
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-2915278	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	30. 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

10. Name and Address of New Registered Agent

**RYCKMAN, AL**  
4044 WELLINGTON PARKWAY  
PALM HARBOR FL 34685

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYCKMAN, AL	1.2 NAME	
STREET ADDRESS	4044 WELLINGTON PKWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL 34685	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PEGGY	2.2 NAME	
STREET ADDRESS	5685 WELLINGTON DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL 34685	2.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGEL, ALLEN	3.2 NAME	ANGEL, ALLEN
STREET ADDRESS	4036 WELLINGTON PKWY	3.3 STREET ADDRESS	4036 Wellington Parkway
CITY - ST - ZIP	PALM HARBOR FL 34685	3.4 CITY - ST - ZIP	Palm Harbor, Fl. 34685
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	GABOS, PAUL
STREET ADDRESS		4.3 STREET ADDRESS	5667 Wellington Dr.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Palm Harbor, Fl. 34685
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	BURDETT
STREET ADDRESS		5.3 STREET ADDRESS	3835 Wellington Parkway
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Palm Harbor, Fl. 34685
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Al Ryckman*

2-16-75

813-288-0043

CR2E037 (12/95)