

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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, INC.



Principal Place of Business 1127 MAIN STREET DUNEDIN FL 34698	Mailing Address 1127 MAIN STREET DUNEDIN FL 34698
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3. Date Incorporated or Qualified
05/09/1988

4. FEI Number 59-2915278	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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

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

8. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

RYCKMAN, AL
4044 WELLINGTON PARKWAY
PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	RYCKMAN, AL
STREET ADDRESS	4044 WELLINGTON PKWY
CITY-ST-ZIP	PALM HARBOR FL 34685
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SMITH, PEGGY
STREET ADDRESS	5685 WELLINGTON DR
CITY-ST-ZIP	PALM HARBOR FL 34685
TITLE	D <input type="checkbox"/> DELETE
NAME	ANGEL, ALLEN
STREET ADDRESS	4036 WELLINGTON PKWY
CITY-ST-ZIP	PALM HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BURDETT
STREET ADDRESS	3835 WELLINGTON PKWY
CITY-ST-ZIP	PALM HARBOR FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	GABOS, PAUL
STREET ADDRESS	5667 WELLINGTON DR.
CITY-ST-ZIP	PALM HARBOR FL 34685
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Lee
2.3 STREET ADDRESS	5682 Wellington Ct.
2.4 CITY-ST-ZIP	Palm Harbor, FL 34685
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Donald Bundett
4.3 STREET ADDRESS	3035 Wellington Pkwy
4.4 CITY-ST-ZIP	Palm Harbor, FL 34685
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Randella, Ruth
5.3 STREET ADDRESS	3786 Wellington Pkwy
5.4 CITY-ST-ZIP	Palm Harbor, FL 34685
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 _____ DATE **4-17-98**

CR2E037 (10/97)