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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26335

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



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21 2595 Tampa Rd., Ste H
Suite, Apt. #, etc.

26 2595 Tampa Rd., Ste H
Suite, Apt. #, etc.

05/09/1988

22 Palm Harbor, FL
City & State

27 Palm Harbor, FL
City & State

4. FEI Number
59-2915278

Applied For
Not Applicable

23 34684 US
Zip Country

28 34684 US
Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 25 29 30

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

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

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 DELETE
NAME RYCKMAN, AL
STREET ADDRESS 4044 WELLINGTON PKWY
CITY-ST-ZIP PALM HARBOR FL 34685

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME WILLIAM LEE
STREET ADDRESS 5682 WELLINGTON CT
CITY-ST-ZIP PALM HARBOR FL 34685

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME ANGEL, ALLEN
STREET ADDRESS 4036 WELLINGTON PKWY
CITY-ST-ZIP PALM HARBOR FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME BURDETT, DONALD
STREET ADDRESS 3835 WELLINGTON PKWY
CITY-ST-ZIP PALM HARBOR FL 34685

4.1 TITLE Change Addition
4.2 NAME Kahler, Larry
4.3 STREET ADDRESS 3995 Wellington Parkway
4.4 CITY-ST-ZIP Palm Harbor, FL 34685

TITLE D DELETE
NAME NARDELLA, RUTH
STREET ADDRESS 3786 WELLINGTON PKWY
CITY-ST-ZIP PALM HARBOR FL 34685

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-99 727 785 5507

CR2E037 (1/98)