

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90115 035 \*\*\*\*61.25

**DOCUMENT # N26335**

1. Entity Name

**WESTWIND AT RIDGEMOOR HOMEOWNERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

2595 TAMPA RD  
 STE H  
 PALM HARBOR FL 34684  
 US

2595 TAMPA RD  
 STE H  
 PALM HARBOR FL 34684-3130  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2915278**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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.

SIGNATURE

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

(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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	WILLIAM LEE	
STREET ADDRESS	5682 WELLINGTON CT	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANGEL, ALLEN	
STREET ADDRESS	4036 WELLINGTON PKWY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KABLER, LARRY	
STREET ADDRESS	3995 WELLINGTON PARKWAY	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARDELLA, RUTH	
STREET ADDRESS	3786 WELLINGTON PKWY	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee, William	
STREET ADDRESS	5682 Wellington Ct.	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angel, Allen	
STREET ADDRESS	4036 Wellington Parkway	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLER, LARRY	
STREET ADDRESS	3995 Wellington Parkway	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED* RYCKMAN

01-29-00 727785-5507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #