2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26335

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

KAHLER, LARRY

NARDELLA, RUTH

3995 WELLINGTON PARKWAY

() Delete

PALM HARBOR, FL 34685

3786 WELLINGTON PKWY

PALM HARBOR, FL 34685

FILED Apr 30, 2004 Secretary of State

Entity Name: WESTWIND AT RIDGEMOOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2595 TAMPA RD STE H PALM HARBOR, FL 34684 US **New Mailing Address: Current Mailing Address:** 2595 TAMPA RD STE H PALM HARBOR, FL 34684 US FEI Number: 59-2915278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SLEMENT, LEIGH 2595 TAMPA ROAD SUITE H PALM HARBOR, FL 34684 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RYCKMAN, AL RYCKMAN, AL Name: Name: 4044 WELLINGTON PKWY Address: 4044 WELLINGTON PKWY Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 Title: Title: () Delete () Change () Addition LEE, WILLIAM Name: Name: Address: 5682 WELLINGTON CT Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: VD. () Delete Title: DV (X) Change () Addition ANGEL, ALLEN ANGEL, ALLEN Name: Name: 4036 WELLINGTON PKWY Address: Address: 4036 WELLINGTON PKWY City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: PALM HARBOR, FL 34685 (X) Change () Addition Title: TD () Delete Title: DT

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

KAHLER, LARRY

NARDELLA, RUTH

DS

3995 WELLINGTON PARKWAY

(X) Change () Addition

PALM HARBOR, FL 34685

3786 WELLINGTON PKWY

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SIGNATURE: AL RYCKMAN DP 04/30/2004