2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State
04-22-2008 90024 019 ***150.00

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1. Entity Name
WESTWINDS OF KEY WEST CORPORATION

Principal Place of Business	Mailing Address
914 EATON ST KEY WEST, FL 33040	914 EATON ST KEY WEST, FL 33040

66012180

04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0517391
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, B G
914 EATON ST
KEY WEST, FL 33040

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~MGR~~ P.S. C.
NAME	CARTER, B G
STREET ADDRESS	914 EATON ST
CITY-ST-ZIP	KEY WEST, FL
TITLE	DVP
NAME	HENRIQUEZ, A.J.
STREET ADDRESS	3615 SUNRISE DR
CITY-ST-ZIP	CUDJOE KEY, FL 33040
TITLE	CDT
NAME	CARTER, B.G.
STREET ADDRESS	914 EATON ST.
CITY-ST-ZIP	KEY WEST, FL
TITLE	VP
NAME	CARPENTER, KAY F
STREET ADDRESS	22918 ONG BEN LANE
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: B H Carter President 21 May 305-294-5105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #