

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764842

Entity Name: WESTWINDS PROFESSIONAL PLAZA ASSOCIATION, INC.**Current Principal Place of Business:**4900 MANATEE AVENUE W STE 206
BRADENTON, FL 34209**Current Mailing Address:**4900 MANATEE AVE W STE 206
BRADENTON, FL 34209 US**FEI Number:** 59-2245317**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOBEL, EDWARD B
C/O EDWARD B SOBEL PA
4900 MANATEE AVE W., SUITE 206
BRADENTON, FL 34209 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**Officer/Director Detail :**

Title	PD
Name	SOBEL, EDWARD
Address	4900 MANATEE AVENUE, STE 206
City-State-Zip:	BRADENTON FL 34209

Title	D
Name	BROWNING, BETH
Address	4900 MANATEE AVENUE, STE 101
City-State-Zip:	BRADENTON FL 34209

Title	DIRECTOR
Name	SOBEL, DONNA
Address	4900 MANATEE AVENUE, STE 206
City-State-Zip:	BRADENTON FL 34209

Title	TD
Name	LOURIE, JOHN
Address	4900 MANATEE AVE W., STE 201
City-State-Zip:	BRADENTON FL 34209

Title	SECRETARY, DIRECTOR
Name	SMITH, KATHRYN
Address	4900 MANATEE AVE W SUITE 103
City-State-Zip:	BRADENTON FL 34209

I hereby 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 all other like empowered.

SIGNATURE: EDWARD SOBEL

PRESIDENT

01/11/2018

Electronic Signature of Signing Officer/Director Detail_____
Date