2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001079

Entity Name: WESTWIND II RESIDENT OWNED COMMUNITY, INC.

FILED
Mar 06, 2024
Secretary of State
6983539417CC

Current Principal Place of Business:

C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104 ST. PETERSBURG, FL 33702

Current Mailing Address:

C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104 SAINT PETERSBURG, FL 33712 US

FEI Number: 59-3707275 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST 9887 4TH STREET NORTH SUITE 104 SAINT PETERSBURG, FL 33712 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: ANNETTE BYRD 03/06/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT Title VP

Name MANN, DANIEL L. Name SCHOEN, JOHN

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104 9887 4TH STREET N SUITE 104

SAINT PETERSBURG FL 33712 City-State-Zip: SAINT PETERSBURG FL 33712

Title TREASURER Title SECRETARY

Name POTOCHNIAK, MICHAEL P. Name COLLINS, HELEN

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104 9887 4TH STREET N SUITE 104

City-State-Zip: SAINT PETERSBURG FL 33712 City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR Title DIRECTOR

Name HUFFMAN, MARIAN Name KEISER, TINA L.

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104 9887 4TH STREET N SUITE 104

City-State-Zip: SAINT PETERSBURG FL 33712 City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR Title DIRECTOR

Name AGNOR, MARCIA C. Name POLIZZOTTO, WILLIAM

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104

City-State-Zip: SAINT PETERSBURG FL 33712 City-State-Zip: ST. PETERSBURG FL 33702

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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: DANIEL L. MANN PRESIDENT 03/06/2024

9887 4TH STREET N SUITE 104

Officer/Director Detail Continued:

DIRECTOR Title SERFASS, BOB Name

Address

C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104

City-State-Zip: SAINT PETERSBURG FL 33712