

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N01000001079

**Entity Name:** WESTWIND II RESIDENT OWNED COMMUNITY, INC.

**FILED**  
**Apr 28, 2024**  
**Secretary of State**  
**6272475107CC**

**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  
C/O ASSOCIA GULF COAST  
9887 4TH STREET N 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

04/28/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CARSON, GLEN D.  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: SAINT PETERSBURG FL 33712

Title            VP  
Name            SCHUTT, TIMOTHY  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: SAINT PETERSBURG FL 33712

Title            VP  
Name            SHAY, MICHAEL  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: SAINT PETERSBURG FL 33712

Title            TREASURER  
Name            SCHUTT, BARBARA  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: SAINT PETERSBURG FL 33712

Title            SECRETARY  
Name            BLANK, ELAINE  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: SAINT PETERSBURG FL 33712

Title            DIRECTOR  
Name            ROWAN, DONALD  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: SAINT PETERSBURG FL 33712

Title            DIRECTOR  
Name            WILSON, SHELLEY  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            MERUCCI, JANE  
Address        C/O ASSOCIA GULF COAST  
                  9887 4TH STREET N SUITE 104  
City-State-Zip: SAINT PETERSBURG FL 33712

*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:** GLEN D. CARSON

**PRESIDENT**

04/28/2024

Electronic Signature of Signing Officer/Director Detail

Date