

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001079

Entity Name: WESTWIND II RESIDENT OWNED COMMUNITY, INC.

Current Principal Place of Business:

3301 U.S. ALTERNATE 19 NORTH #181
DUNEDIN, FL 34698

FILED
Apr 06, 2019
Secretary of State
0741321093CC

Current Mailing Address:

9887 4TH STREET NORTH
SUITE 301
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 301
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: JOHN HENSLEY

04/06/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CARSON, GLEN
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33712

Title VP
Name SHAY, MICHAEL
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33712

Title TREASURER
Name PHILPOTT, DEBBIE
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33712

Title SECRETARY
Name HARRIS, SYLVIA
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR
Name TOY, JAMES
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR
Name ROBINSON, ART
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR
Name CRABTREE, ROGER
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR
Name SNYDER, PATRICIA
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33712

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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: GLEN CARSON

PRESIDENT

04/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROWAN, DONALD
Address 9887 4TH STREET NORTH
 SUITE 301
City-State-Zip: SAINT PETERSBURG FL 33712