

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001079

**FILED**  
**Mar 17, 2013**  
**Secretary of State**  
**CC9690221269**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-3707275**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KALFA, ANNA  
3301 U.S. ALTERNATE 19  
#284  
DUNEDIN, FL 34698 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:** ANNA KALFA

**03/17/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CARSON, GLEN  
Address 3301 ALT 19 N #266  
City-State-Zip: DUNEDIN FL 34698

Title SECR  
Name HARRIS, SYLVIA  
Address 3301 ALT 19N LOT 183  
City-State-Zip: DUNEDIN FL 34698

Title VPD  
Name DESRANLEAU, JAMES  
Address 3301 ALT 19 N #268  
City-State-Zip: DUNEDIN FL 34698

Title TREA  
Name BEASLEY, BRENDA  
Address 3301 ALT 19 N #262  
City-State-Zip: DUNEDIN FL 34698

Title D  
Name CUFFE, MICHAEL  
Address 3301 ALT 19 N #286  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name BRANCH, LEONARD  
Address 3301 U.S. ALTERNATE 19 NORTH #181  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name SHINDELDECKER, CONNIE  
Address 3301 U.S. ALTERNATE 19 NORTH #181  
City-State-Zip: DUNEDIN FL 34698

Title DIRECTOR  
Name SWITZ, MARCIA  
Address 3301 U.S. ALTERNATE 19 NORTH #181  
City-State-Zip: DUNEDIN FL 34698

**Continues on page 2**

*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:** BRENDA BEASLEY

**TREASURER**

**03/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HAMIL, NANCY  
Address        3301 U.S. ALTERNATE 19 NORTH #181  
City-State-Zip: DUNEDIN FL 34698