

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000001079

Entity Name: WESTWIND II RESIDENT OWNED COMMUNITY, INC.

FILED
Sep 06, 2023
Secretary of State
1670305803CC

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

09/06/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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 DANIELS, JOEL II
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 DIRECTOR
Name SHAY, MICHAEL
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: SAINT PETERSBURG FL 33712

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

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: CARSON , GLEN D

PRESIDENT

09/06/2023

Electronic Signature of Signing Officer/Director Detail

Date