

**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