

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001079

FILED
Feb 20, 2014
Secretary of State
CC9001813285

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

02/20/2014

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 SULLIVAN, DON
Address 3301 U.S. ALTERNATE 19 NORTH #181
City-State-Zip: DUNEDIN FL 34698

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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: BRENDA BEASLEY

TREASURER

02/20/2014

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