

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 21, 2005
Secretary of State

DOCUMENT# 739889

Entity Name: WESTWIND CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**9815 GULF BLVD
TREASURE ISLAND, FL 33706**New Principal Place of Business:****Current Mailing Address:**9815 GULF BLVD
TREASURE ISLAND, FL 33706**New Mailing Address:****FEI Number:** 59-1762182**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ROMANO, LISA
9815 GULF BLVD
TREASURE ISLAND, FL 33706 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VPD () Delete
Name: ROMANO, SANDRA E.,
Address: 7860 FIRST AVE. SO.
City-St-Zip: ST. PETERSBURG, FL**Title:** VP () Delete
Name: LEGER, JEROME
Address: 9715 HARRELL AVE #13
City-St-Zip: TREASURE ISLAND, FL 33706**Title:** D () Delete
Name: DIETZ, GREG
Address: 9715 HARRELL AVE #40
City-St-Zip: TREASURE ISLAND, FL 33706**Title:** P () Delete
Name: MICHEL, PETE
Address: 1432-70TH ST N.
City-St-Zip: ST PETE, FL 33710**Title:** DST () Delete
Name: FAKTOR, RUDY
Address: 811 CLAUDE ST.
City-St-Zip: OTTAWA, ON 253**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** P (X) Change () Addition
Name: MICHEL, PETE
Address: 3402 BURLINGTON WOODS CT.
City-St-Zip: LUTZ, FL 33559**Title:** D (X) Change () Addition
Name: FAKTOR, RUDY
Address: 811 CLAUDE ST.
City-St-Zip: OTTAWA, ON 253**Title:** DST () Change (X) Addition
Name: JOHNSON, MELVIN
Address: PTARMIGAN MEADOWS HC70 BOX 10A
City-St-Zip: CREEDE, CO 811309801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LISA ROMANO

PMNG

02/21/2005

Electronic Signature of Signing Officer or Director

Date