

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739889

FILED  
Apr 05, 2007  
Secretary of State

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, SANDRA E  
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: D ( ) Delete  
Name: ROMANO, JUDY,  
Address: 9160 BLIND PASS RD.  
City-St-Zip: ST.PETE BEACH, FL 33706

Title: D ( ) Delete  
Name: MARRERO, PAM  
Address: 815 GREENBELT CICLE  
City-St-Zip: BRANDON, FL 33510

Title: VP ( ) Delete  
Name: DIETZ, GREG  
Address: 9715 HARRELL AVE #40  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P ( ) Delete  
Name: MICHEL, PETE  
Address: 3402 BURLINGTON WOODS CT.  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: FAKTOR, RUDY  
Address: 811 CLAUDE ST.  
City-St-Zip: OTTAWA, ON 253

Title: DST ( ) Delete  
Name: JOHNSON, MELVIN  
Address: PTARMIGAN MEADOWS HC70 BOX 10A  
City-St-Zip: CREEDE, CO 811309801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FLANAGAN, KATIE,  
Address: 218 FLOURVILLE RD.  
City-St-Zip: GRAY, TN 37615

Title: D (X) Change ( ) Addition  
Name: MARRERO, PAM  
Address: 815 GREENBELT CIRCLE  
City-St-Zip: BRANDON, FL 33510

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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SANDRA ROMANO

MNGR

04/05/2007

Electronic Signature of Signing Officer or Director

Date