

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739889

FILED
Mar 26, 2009
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 (X) Delete
Name: FLANAGAN, KATIE,
Address: 218 FLOURVILLE RD.
City-St-Zip: GRAY, TN 37615

Title: SEC () Delete
Name: MARRERO-PHILLIPS, PAM
Address: 815 GREENBELT CIRCLE
City-St-Zip: BRANDON, FL 33510

Title: VP () Delete
Name: FAKTOR, RUDOLPH
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: SCOTT, HELEN
Address: 9815 HARRELL AVE. #38
City-St-Zip: TREASURE ISLAND, FL 33706

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FAKTOR, RUDOLPH
Address: 9715 HARRELL AVE #40
City-St-Zip: TREASURE ISLAND, FL 33706

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

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

Title: VP (X) Change () Addition
Name: JOHNSON, MELVIN
Address: 9715 HARRELL AVE #32
City-St-Zip: TREASURE ISLAND, FL 33706 US

I hereby certify that the information supplied with this filing does not qualify 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 E. ROMANO

AGEN

03/26/2009

Electronic Signature of Signing Officer or Director

Date