2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
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, 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: O
Name: MARRERO-PHILLIPS, PAM
Address: 10720 ROCKLEDGE
City-St-Zip: RIVERVIEW, FL 33576

Title: O
Name: FAKTOR, RUDOLPH
Address: 811 CLAUDE ST.
City-St-Zip: OTTOWA, ON K1K 2S3

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

Title: TRES
Name: SCOTT, HELEN
Address: 9815 HARRELL AVE. #38
City-St-Zip: TREASURE ISLAND, FL 33706 US

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

Title: O
Name: BUDENSTEIN-LOVELACE, MICHELLE
Address: 9715 HARRELL AVE #11
City-St-Zip: TREASURE, FL 33706 US

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: SANDRA E. ROMANO AGEN 04/01/2010

Electronic Signature of Signing Officer or Director — Date