


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90348 028 ****61.25

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|--|---|--|---|--|--|
| DOCUMENT # 749582 1. Entity Name WEST WINDS OF DAYTONA, INC. | | | |  | |
| Principal Place of Business 1750-1800 S PALMETTO AVE SOUTH DAYTONA, FL 32119 US | | | Mailing Address C/O ATLANTIC SHORES MGMT. 3511 S. PENINSULA DR PORT ORANGE, FL 32127 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| | | | 01312006 Chg-NP CR2E037 (11/05) | | |
| | | | 4. FEI Number 59-2049788 | | Applied For <input type="checkbox"/> Not Applicable |
| | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SOLOMON, KAREN D 3511 S. PENINSULA DR PORT ORANGE, FL 32127 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director MCKENNA, PAULINE 1750 S PALMETTO AVE, #27 S DAYTONA, FL 32119 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Linda Sanders 1750 S. Palmetto Ave #110 S. Daytona, FL 32129 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V OUTLAW, RICHARD 1750 S PALMETTO AVE, #22 S DAYTONA, FL 32119 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Pauline McKenna 1750 S. Palmetto #27 S. Daytona FL 32119 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST POTTER, JAMES 1750 S PALMETTO AVE #25 S DAYTONA, FL 32119 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Rosanne Savine 1750 S. Palmetto # 114 S. Daytona | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALBA, DON 235 GANO ST PROVIDENCE, RI 02906 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DESTEFANIS, ANTHONY 629 COMMONWEALTH AVE WARWICK, RI 02886 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Linda Sanders</i> | | | | 04-12-06 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date Daytime Phone #</small> | |