


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90040 005 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2049788	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOLOMON, KAREN D 3511 S. PENINSULA DR PORT ORANGE, FL 32127				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 VP NAME OUTLAW, RICHARD STREET ADDRESS 1750 S. PALMETTO AVE. UNIT 22 CITY-ST-ZIP SOUTH DAYTONA, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE P. NAME Linda Sanders STREET ADDRESS 1800 S. Palmetto Ave #110 CITY-ST-ZIP South Daytona, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BLAISE, CLARISTA STREET ADDRESS 1800 S. PALMETTO AVE. UNIT 109 CITY-ST-ZIP DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE D NAME ARTIE Smith STREET ADDRESS PO Box 211233 CITY-ST-ZIP S. Daytona, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME ENGLE, VERONICA STREET ADDRESS 1750 S. PALMETTO AVE. UNIT 35 CITY-ST-ZIP DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE D NAME DON ALBA STREET ADDRESS PO Box 7144 CITY-ST-ZIP SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ALBA, DON STREET ADDRESS 235 CANO ST CITY-ST-ZIP PROVIDENCE, RI 02906	<input type="checkbox"/> Delete		TITLE D NAME DESTEFANIS, ANTHONY STREET ADDRESS 629 COMMONWEALTH AVE CITY-ST-ZIP WARWICK, RI 02886	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE I NAME SANDERS, LINDA STREET ADDRESS 1750 SOUTH PALMETTO AVE #110 CITY-ST-ZIP DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete		TITLE 1/5 NAME Kelli Young STREET ADDRESS 1800 South Palmetto Ave # 116 CITY-ST-ZIP South Daytona, FL 32119	<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: Linda Sanders Smith <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/17/08 <small>Date</small>		