

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749582

FILED
Apr 14, 2009
Secretary of State

Entity Name: WEST WINDS OF DAYTONA, INC.

Current Principal Place of Business:

1750-1800 S PALMETTO AVE
SOUTH DAYTONA, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

C/O ATLANTIC SHORES MGMT.
3511 S. PENINSULA DR
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-2049788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, KAREN D
3511 S. PENINSULA DR
PORT ORANGE, FL 32127 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: P () Delete
Name: SANDERS, LINDA
Address: 1800 S PALMETTO AVE #110
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: SMITH, ARTIE
Address: PO BOX 211233
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: ALBA, DON
Address: P.O. BOX 7144
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: DESTEFANIS, ANTHONY
Address: 629 COMMONWEALTH AVE
City-St-Zip: WARWICK, RI 02886

Title: TS () Delete
Name: YOUNG, KELLI
Address: 1800 SOUTH PALMETTO AVE #116
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SMITH, ARTIE
Address: PO BOX 211233
City-St-Zip: DAYTONA BEACH, FL 32119

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

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

Title: TRES (X) Change () Addition
Name: SANDI, ANDREWS
Address: 1800 SOUTH PALMETTO AVE #112
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Change (X) Addition
Name: BEVERLY, FANT
Address: 1750 SOUTH PALMETTO AVE 36
City-St-Zip: SOUTH DAYTONA, FL 32119

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: LINDA SANDERS

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date