


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 760761 1. Entity Name WESTWIND PROPERTY OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 4235 5TH ST. VERO BCH., FL 32968 US	Mailing Address 4235 5TH ST. VERO BCH., FL 32968 US
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05082006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2151128	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GARRIS, CHARLES E. 2205- 14TH AVE. VERO BCH., FL 32963

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVLEE III, C. C 4215 5TH STREET VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHUPP, BROCK 4260 5TH PLACE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBURN, SAMUEL E 4235 5TH ST. VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAIRNS, GUY 4235 5TH PLACE VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000564215
05/20/06-80055-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **SAMUEL E. COBURN** **5/9/06** **772-5891933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #