

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760761

FILED
Apr 30, 2009
Secretary of State

Entity Name: WESTWIND PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4235 5TH ST.
VERO BCH., FL 32968 US

New Principal Place of Business:

Current Mailing Address:

4235 5TH ST.
VERO BCH., FL 32968 US

New Mailing Address:

FEI Number: 59-2151128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRIS, CHARLES E.
2205- 14TH AVE.
VERO BCH., FL 32963 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: PD () Delete
Name: ROUSIN, BOB
Address: 4270 4TH PL
City-St-Zip: VERO BEACH, FL 32968

Title: SD () Delete
Name: SCHUPP, BROCK
Address: 4260 5TH PLACE
City-St-Zip: VERO BEACH, FL 32968

Title: TD () Delete
Name: COBURN, SAMUEL E
Address: 4235 5TH ST.
City-St-Zip: VERO BEACH, FL 32968

Title: VD () Delete
Name: CONLEY, CHERYL
Address: 4220 5TH PL
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GUY, CAIRNS
Address: 4235 5TH
City-St-Zip: VERO BEACH, FL 32968

Title: SD (X) Change () Addition
Name: CHARLOTTE, BROCK
Address: 4260 5TH PLACE
City-St-Zip: VERO BEACH, FL 32968

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

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

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: SAMUEL E. COBURN

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date