

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 764842 (1)  
1. Corporation Name  
WESTWINDS PROFESSIONAL PLAZA ASSOCIATION, INC.



Principal Place of Business  
1401 MANATEE AVE W  
STE 1010  
BRADENTON FL 34205  
US

Mailing Address  
1401 MANATEE AVE W  
STE 1010  
BRADENTON FL 34205  
US

3. Date Incorporated or Qualified  
09/07/1982

3a. Date of Last Report  
02/03/1995

2. Principal Place of Business  
21 4900 Manatee Avenue  
Suite, Apt. #, etc.  
22 Suite 200  
City & State  
23 Bradenton, FL  
Zip  
24 34209  
Country  
25 Manatee

2a. Mailing Address  
26 4900 Manatee Avenue  
Suite, Apt. #, etc.  
27 Suite 200  
City & State  
28 Bradenton, FL  
Zip  
29 34209  
Country  
30 Manatee

4. FEI Number  
59-2245317

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKAY, JOHN M.  
1401 MANATEE AVE W  
STE 1010  
BRADENTON FL 34205

81 Name  
BEYER, DAVID  
82 Street Address (P.O. Box Number is Not Acceptable)  
RUDNICK & WOLFE  
83 101 EAST KENNEDY BLVD, SUITE 2000  
84 City  
TAMPA  
85 Zip Code  
FL 33602-5133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE DAVID BEYER

DATE  
4/17/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MCKAY, JOHN	1401 MANATEE AVE W STE 1010	BRADENTON FL	<input checked="" type="checkbox"/>
D	NEUNSWANDER, RICHARD	4900 MANATEE AVE #101	BRADENTON FL	<input type="checkbox"/>
STD	PARTRIDGE, WILLIAM	2 NO TAMAMI TR	SARASOTA FL	<input checked="" type="checkbox"/>
D	HAGER, DAN	4900 MANATEE AVE W #204	BRADENTON FL	<input type="checkbox"/>
D	SOBEL, ED	4900 MANATEE AVE W #208	BRADENTON FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P, S, T, D	ERSON, DEWEY E.	4900 MANATEE AVE W, SUITE 201	BRADENTON, FL 34209	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

000001795680  
-04/26/96--01021--016  
\*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

4/25/96

941-747-7747