2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007
Secretary of State

DOCUMENT# 770580

Entity Name: WESTWIND TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

9725 HWY 98W
9
PENSACOLA, FL 32506 US

New Principal Place of Business:

Current Mailing Address:

9725 HWY 98W
9
PENSACOLA, FL 32506 US

New Mailing Address:

FEI Number: 59-3045650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POPA, JOHN J
9725 HWY 98
STE 9
PENSACOLA, FL 32506 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: POPA, JOHN J
Address: 9725 HWY 98 W, SUITE 8
City-St-Zip: PENSACOLA, FL

Title: STD ( ) Delete
Name: TOWEU, CHARLOTTE
Address: 9725 HWY 98 W, SUITE 15
City-St-Zip: PENSACOLA, FL

Title: VD (X) Delete
Name: DUNIGAN, RICHARD
Address: 9725 HWY 98 WEST #16
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POPA, JOHN J
Address: 9725 HWY 98 W, SUITE 9
City-St-Zip: PENSACOLA, FL 32506

Title: STD (X) Change ( ) Addition
Name: OVERFIELD, DEBRA J STD
Address: 9725 HWY 98 W, SUITE9
City-St-Zip: PENSACOLA, FL 32506

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: JOHN POPA PD 06/20/2007

Electronic Signature of Signing Officer or Director — Date