## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # H95026

(1)

WW II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3301 ALTERNATE US 19 NORTH 366 WESTWIND II DUNEDIN FL 34698		Mailing Address 3301 ALTERNATE US 19 NORTH 366 WESTWIND II DUNEDIN FL 34698-1500			
DOILE ON THE O	****	DOMESTIC STOUCHS	~	3. Date Incorporated or Qualified 01/21/1986	3a. Date of Last Report 04/10/1996
2. Principal Pi	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26	·····	59-2636916	Not Applicable
Suite, Apt.	#, 6tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Z <sub>i</sub> p	Country	Zip	Country	8. This corporation has liability fo	
24	25 9. Name and Address of Curre	29  nt Registered Agent	30	Florida Statutes  10. Name and Address of New R	Yes No
SAN	DUSKY, MARGARET M.		81 Name		
	I ALT US 19 NORTH		82 Street Add	dress (P.O. Box Number is Not Accepta	NA A
366 WESTWIND II			oz Sireet Auc	ress (P.O. Box Number is Not Accepta	able)
DUN	IEDIN FL 34898		83		
			84 City		85 Zip Code
11 Purcuant t	to the provisions of Sections 607.050	12 and 607 1508 Elwida St	stutes the above named on	possion submits this statement for the	FL O Proposed above its social red
office or re	egistered agent, or both, in the State	e of Florida, Such change w	as authorized by the corpora	poration submits this statement for the ation's board of directors. I hereby according	ept the appointment as registered
	m familiar with, and accept the oblig	ations of, Section 607,0505	, Florida Statutes.		
SIGNATURE	Signature, typod or printed name of registered ag	ent and title if applicable. (	NOTE: Registered Agent signature requ	uired when reinstating)	DATE
12.	OFFICERS AN	D DIRECTORS	13,	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	SCHMITT, ELMER		1.2 NAME		
STREET ADDRESS	815 Westwind II Dunedin Fl		1.3 STREET ADDRESS		
CITY-ST-ZIP	DONEDIN FL	DELETE	1.4 CiTY - ST - ZIP		
TITLE NAME	SCHAEFFER, WILLIAM	☐ Deceir	21 TITLE		Change Addition
STHEET ADDRESS	373 WESTWIND II		2 2 NAME 2 3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		2.4 City+ST-ZIP		
TITLE	<b>D</b>	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, DOUGLAS		32 NAME		
STREET ADDRESS	482 WESTWIND II		3 3 STREET ADDRESS		
CITY+SI+ZIP	DUNEDIN FL		3 4. CITY - ST - ZIP		
TITLE	V DOTHED DAY	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	ROTHER, RAY 171 WESTWIND II		4 2 NAME		
STREET ADDRESS	DUNEDIN FL		4 3 STREET ADDRESS		
CHY-ST-7IP TITLE	DONCORTE	DELETE	4.4 CiTY-ST-ZIP 51 TiTLE		☐ Change ☐ Addition
NAME	ROBERTS, JOHN	ت مدوراد	52 NAME		Et suguide Et vocution
STREET ADDRESS	371 WESTWIND 11		5 3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		5 4 CITY-ST-ZIP	1.1	
TITLE	P	☐ DELETE	6.1 TITLE	,	Change Addition
NAME	PORELL, DON		6.2 NAME		
STREET ADDRESS	485 WESTWIND 11		6.3 STREET ADDRESS		
	NINCON CI		■ i	·	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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**FILED** 

Feb 18 1997 8:00am

Secretary of State