

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000003785

1. Entity Name
WESTWINDS II HOMEOWNERS ASSOC., INC.



Principal Place of Business

**3301 ALTERNATE 19
UNIT 186
DUNEDIN, FL 34698**

Mailing Address

**3301 ALTERNATE 19
UNIT 186
DUNEDIN, FL 34698**



02282005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOTEN, ROBERT
3301 ALTERNATE 19
UNIT 186
DUNEDIN, FL 34698**

**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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ELLIOTT, STEVE
STREET ADDRESS	3301 ALT 19 N II 184
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	V
NAME	MCGAFFEY, JOSEPH
STREET ADDRESS	3301 ALT 19 N II 362
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	S
NAME	CARADONNA, BETTY
STREET ADDRESS	3301 ALT 19 N II 478
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	AS
NAME	MCGAFFEY, RUTH
STREET ADDRESS	3301 ALT 19 N II 362
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	T
NAME	MAHONEY, MARYANN
STREET ADDRESS	3301 ALT 19 N II 352
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	AT
NAME	KELLER, JAMES
STREET ADDRESS	3301 ALT 19 N II 150
CITY-ST-ZIP	DUNEDIN, FL 34698

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03/04/05-80059-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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:

Maryann P. Mahoney
Maryann P. Mahoney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-05

Date

727-784-7083

Daytime Phone #