# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2006 8:00 am**
**Secretary of State**
03-23-2006 90016 027 ****61.25

DOCUMENT # N01000003785

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

| Principal Place of Business | Mailing Address |
|---|---|
| 3301 ALTERNATE 19<br>UNIT 186<br>DUNEDIN, FL 34698 | 3301 ALTERNATE 19<br>UNIT 186<br>DUNEDIN, FL 34698 |

02272006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3301 ALT. 19N | 3301 ALT. 19N |
| Suite, Apt. #, etc.: UNIT # 351 | Suite, Apt. #, etc.: UNIT # 351 |
| City & State: DUNEDIN, FLA | City & State: DUNEDIN, FLA. |
| Zip: 34698 Country: USA | Zip: 34698 Country: USA |

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

7. Name and Address of New Registered Agent

Name: DELORES SILANO
Street Address (P.O. Box Number is Not Acceptable): 3301 ALT. 19N - UNIT # 351
City: DUNEDIN, FL Zip Code: 34698

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: Delores Silano 3/20/06
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, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ELLIOTT, STEVE<br>3301 ALT 19 N II 184<br>DUNEDIN, FL 34698 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Poland, Ronald<br>3301 Alt. 19 N II 156<br>Dunedin, Fl. 34698 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MCGAFFEY, JOSEPH<br>3301 ALT 19 N II 362<br>DUNEDIN, FL 34698 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Rhodes, Eugenia<br>3301 Alt. 19 N II 263<br>Dunedin Fl. 34698 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>CARADONNA, BETTY<br>3301 ALT 19 N II 476<br>DUNEDIN, FL 34698 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Tipton, Liz<br>3301 Alt. 19 N II 263<br>Dunedin, Fl 34698 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>MCGAFFEY, RUTH<br>3301 ALT 19 N II 362<br>DUNEDIN, FL 34698 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>MAHONEY, MARYANN<br>3301 ALT 19 N II 352<br>DUNEDIN, FL 34698 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Engstrom, Carol<br>3301 Alt. 19 N II 257<br>Dunedin, Fl. 34698 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT<br>KELLER, JAMES<br>3301 ALT 19 N II 150<br>DUNEDIN, FL 34698 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT<br>Peters, Robert<br>3301 Alt. 19 N II 258<br>Dunedin, Fl. 34698 | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Ronald Poland RONALD POLAND 3-19-2006 (727) 789-4905
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

SEE BACK FOR DIRECTORS