


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90027 038 \*\*\*\*61.25

<b>DOCUMENT # N02000002379</b>		
1. Entity Name <b>WESTWINDS I TENANT OWNERS ASSOCIATION, INC.</b>		

Principal Place of Business <b>3301 ALT. 19 N LOT 417 DUNEDIN, FL 34698</b>	Mailing Address <b>3301 ALT 19 N LOT 441 DUNEDIN, FL 34698</b>
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2. Principal Place of Business - No P.O. Box # <b>3301 ALT. 19 N</b>	3. Mailing Address <b>3301 ALT 19 N</b>
Suite, Apt. #, etc. <b>LOT 234</b>	Suite, Apt. #, etc. <b>LOT 234</b>
City & State <b>DUNEDIN, FL.</b>	City & State <b>DUNEDIN, FL.</b>
Zip <b>34698</b>	Country

	
03122007 Chg-NP	CR2E037 (12/06)
4. FEI Number <b>76-0710779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>GAUMER, VICKIE 3301 ALT 19 N LOT 234 DUNEDIN, FL 34698</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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: <i>Vickie Gaumer</i> <b>VICKIE GAUMER</b>	DATE: <b>3-12-07</b>

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAUMER, VICKIE</b>	NAME	
STREET ADDRESS	<b>3301 ALT 19 N., #234</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL, THELMA</b>	NAME	
STREET ADDRESS	<b>3301 ALT 19 N., #716</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAUMER, DALE</b>	NAME	
STREET ADDRESS	<b>3301 ALT 19 N., #234</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEREDITH, DON</b>	NAME	<b>MCKNIGHT ANNE</b>
STREET ADDRESS	<b>3301 ALT 19 N #502</b>	STREET ADDRESS	<b>3301 ALT 19 N #429</b>
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLERICUS, MARTHA</b>	NAME	
STREET ADDRESS	<b>3301 ALT 19, #400</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SYNDER, LES</b>	NAME	
STREET ADDRESS	<b>3301 ALT 19 N #427</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	CITY-ST-ZIP	

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: <i>Dale T. Gaumer</i> <b>DALE T. GAUMER</b>	Date: <b>3/12/2007</b> Daytime Phone #: <b>727-781-8194</b>