

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002379

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** WESTWINDS I TENANT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3301 ALT. 19 N  
LOT 234  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

3301 ALT. 19 N  
LOT 234  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 76-0710779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAUMER, VICKIE  
3301 ALT 19 N  
LOT 234  
DUNEDIN, FL 34698 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: GAUMER, VICKIE  
Address: 3301 ALT 19 N., #234  
City-St-Zip: DUNEDIN, FL 34698

Title: SD ( ) Delete  
Name: POWELL, THELMA  
Address: 3301 ALT 19 N., #716  
City-St-Zip: DUNEDIN, FL 34698

Title: TD ( ) Delete  
Name: GAUMER, DALE  
Address: 3301 ALT 19 N., #234  
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete  
Name: MCKNIGHT, ANNE  
Address: 3301 ALI 19N., 429  
City-St-Zip: DUNEDIN, FL 34698

Title: VD ( ) Delete  
Name: CLERICUS, MARTHA  
Address: 3301 ALT 19, #400  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: VICKIE GAUMER

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date