

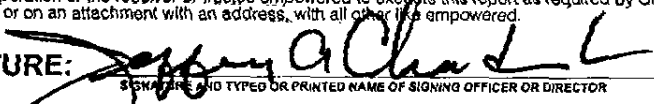


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000011956</b> 1. Entity Name <b>WESTWINDS OF INDIAN ROCKS BEACH HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>2840 WEST BAY DRIVE #267 BELLEAIR BLUFFS, FL 33770</b>		Mailing Address <b>2840 WEST BAY DRIVE #267 BELLEAIR BLUFFS, FL 33770</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		 03292006 No Chg-NP CR2E037 (11/05)	
4. FEI Number <b>20-2057617</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NASH, THOMAS C II 625 COURT STREET SUITE 200 CLEARWATER, FL 33756</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>U000000495158 04/20/06-80074-005 61.25</b>	
TITLE	PSTD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	CHADWICK, JEFFREY		
STREET ADDRESS	2840 WEST BAY DRIVE #267		
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770		
TITLE	D		
NAME	BASHAM, ROBERT D		
STREET ADDRESS	2202 N. WESTSHORE BLVD. #500	<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP	TAMPA, FL		
TITLE	D		
NAME	AHLQUIST, ROBIN		
STREET ADDRESS	2202 N. WESTSHORE BLVD. #500		
CITY-ST-ZIP	TAMPA, FL		
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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.			
<b>SIGNATURE:</b> 		Date <b>3/30/06</b> Cayman Phone # <b>813202-1225</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			