

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # N04000011956</b>   |  |
| 1. Entity Name<br><b>WESTWINDS OF INDIAN ROCKS BEACH HOMEOWNERS<br/>ASSOCIATION, INC.</b>    |  |
| Principal Place of Business<br><b>2840 WEST BAY DRIVE #267<br/>BELLEAIR BLUFFS, FL 33770</b> | Mailing Address<br><b>2840 WEST BAY DRIVE #267<br/>BELLEAIR BLUFFS, FL 33770</b> |



02282007 No Chg-NP CR2E037 (4/06)

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|   |  |
|---|--|
| 4. FEI Number<br><b>20-2057617</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional<br/>Fee Required</b> |  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>NASH, THOMAS C II<br/>625 COURT STREET<br/>SUITE 200<br/>CLEARWATER, FL 33756</b> |
|---|

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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 \$81.25  
Due by May 1, 2007**

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

**U000000656332  
03/14/07-80021-021 61.25**

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PSTD<br/>CHADWICK, JEFFREY<br/>2840 WEST BAY DRIVE #267<br/>BELLEAIR BLUFFS, FL 33770</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>BASHAM, ROBERT D<br/>2202 N. WESTSHORE BLVD. #500<br/>TAMPA, FL</b>                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>AHLQUIST, ROBIN<br/>2202 N. WESTSHORE BLVD. #500<br/>TAMPA, FL</b>                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/07**  
Date

**727 410-4637**  
Daytime Phone #