


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90077 037 \*\*\*\*61.25

<b>DOCUMENT # N04000011956</b>					
<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>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2057617	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> NASH, THOMAS C II 625 COURT STREET SUITE 200 CLEARWATER, FL 33756					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CHADWICK, JEFFREY <input type="checkbox"/> Delete 2840 WEST BAY DRIVE #267 BELLEAIR BLUFFS, FL 33770				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASHAM, ROBERT D <input checked="" type="checkbox"/> Delete 2202 N. WESTSHORE BLVD. #500 TAMPA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHLQUIST, ROBIN <input type="checkbox"/> Delete 2202 N. WESTSHORE BLVD. #500 TAMPA, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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>					
<b>SIGNATURE:</b> <u>Jeffrey Chadwick</u> <u>Jeffrey Chadwick</u> <u>4-15-08</u> <u>727-410-4637</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					