2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N0400011956 1. Entity Name WESTWINDS OF INDIAN ROCKS BEACH HOMEOWNERS ASSOCIATION, INC.			RS	1	04-21-200	•		
2840 WEST BAY DRIVE #267 284			Aailing Address 2840 WEST BAY DRIVE #267 BELLEAIR BLUFFS, FL 33770		NI RITIO AUTO VUIC	4 - 18 4 - 18 18 18 18 18 18 18 18	1818 1918) BY(G BY	1111 4) B3 FRB 1
Principal Place of Business - No P.O. Box # 3. No P.O. Box #		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E0	37 (12/06)	
City & State		City & State	City & State		517		-	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired	ı 🗆	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of Nev	Registered	Agent	
MACH TH			Name		 ;			
	IOMAS C II RT STREET 0		Street Address		(P.O. Box Number is Not Acceptable)			
	ATER, FL 33756							
			City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	e
8. The above	e named entity submits this statement fo	or the purpose of changing its re	egistered office or re	egistered agent, or both,	in the State of	Florida. I am	familiar with,	and accept
អេច បហថ្មេងរ	tions of registered agent.							
SIGNATURE	· · · · · · · · · · · · · · · · · · ·							<u> </u>
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature r	required when rainstating)		DATE		
		9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be	FI		k payable to	
	Signature, typed or printed name of registered agent	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be		Make chec orida Depa	rtment of Si	tate 💍 "
10.	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DII PSTD	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees		Make chec orida Depa	rtment of Si	tate 💍 "
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12. I hereby certify that the information supplied with this filling 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:

TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Chadwick

4-15-08

727-410-463

Daytime Phone #