

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11661

FILED
Apr 22, 2005
Secretary of State

Entity Name: WEST WIND VILLAGE RETIREMENT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

MILTON M. MOLL
8975 W HALLS RIVER RD.
HOMOSASSA SPRINGS, FL 34448 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 100
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

FEI Number: 59-2696492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOLL, MILTON M
8975 WEST HALLS RIVER ROAD
HOMOSASSA SPRINGS, FL 34447 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: STD () Delete
Name: HYDE, JERRY L
Address: 3975 COUNTY ROAD 193
City-St-Zip: CLEARWATER, FL 34619

Title: VD () Delete
Name: SEAGREN, HILDA
Address: 8975 W. HALLS RIVER ROAD, LOT 136
City-St-Zip: HOMOSASSA, FL 34448

Title: PD () Delete
Name: MOLL, MILTON M
Address: 15726 BRENDA STREET
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: HALL, CAROL
Address: 3975 COUNTY RD 193
City-St-Zip: CLEARWATER, FL 34619

Title: D () Delete
Name: AKER, JACKIE
Address: 8975 HALLS RIVER ROAD STE 206
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KALHOFF, FLORENCE
Address: 8975 W. HALLS RIVER ROAD, LOT 204
City-St-Zip: HOMOSASSA, FL 34448

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 for the exemption stated in Section 119.07(3)(i), 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: MILTON M. MOLL

PRES

04/22/2005

Electronic Signature of Signing Officer or Director

Date