

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11661

FILED
Mar 30, 2012
Secretary of State

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

Current Principal Place of Business:

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 (X)**

Name and Address of Current Registered Agent:

HYDE, JERRY
8975 WEST HALLS RIVER ROAD
HOMOSASSA SPRINGS, FL 34448 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: PD
Name: HYDE, JERRY L
Address: 3975 COUNTY ROAD 193
City-St-Zip: CLEARWATER, FL 34619

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

Title: STD
Name: MOLL, MILTON M
Address: 15726 BRENDA STREET
City-St-Zip: HUDSON, FL 34667

Title: D
Name: HYDE, CAROL A
Address: 3975 COUNTY RD 193
City-St-Zip: CLEARWATER, FL 34619

Title: D
Name: VILUMS, GUNNERS
Address: 8975 HALLS RIVER ROAD STE, LOT 155
City-St-Zip: HOMOSASSA, FL 34448

I hereby 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 all other like empowered.

SIGNATURE: MILTON M MOLL

SEC

03/30/2012

Electronic Signature of Signing Officer or Director

Date