## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N11661**

1. Entity Name

WEST WIND VILLAGE RETIDEM



**FILED** Feb 25, 2003 8:00 am Secretary of State

02-25-2003 90131 019 \*\*\*\*61.25

			I WE TE			
Principal Place of Business  CARL A. BERTOCH 8975 W HALLS RIVER RD. HOMOSASSA SPRINGS FL 34448 US	Mailing Address P.O. BOX 100 HOMOSASSA SPRINGS F	FL 34447				
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State	City & State		CHECK HERE IF MAKING CHANGES  4. FEI Number 59-2696492 Applied For		
- Zip - Country-	-	Country -				Not Applicabl
6. Name and Address of Curren	It Registered Agent	<u> </u>	5. Certificate of S		ee Requ	Additional ired
,	- Sicroida Agoin	Name	7. Name and Ad	dress of New Registered A	gent	
BERTOCH, CARL A						
8975 WEST HALLS RIVER ROAD		Street	eet Address (P.O. Box Number is Not Acceptable)			
HOMOSASSA SPRINGS FL 34447	-					
		City	<del></del>		Zip Co	
8. The above named entity submits this statement for	or the purpose of changing its	registered office	<del></del>	FL	Zip Co	ode
<ol> <li>The above named entity submits this statement fithe obligations of registered agent.</li> </ol>	mar parpose of changing its	s redistered office o	r registered agent, or both, in	the State of Florida. I am far	miliar with	n, and accept
SIGNATURESIgnature, typed or printed name of registered agent	<del></del>					
y and that our agent	rand title if applicable. (NOTI	E: Registered Agent signat	ure required when reinstating)	DATE		
FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check F	ayable	e to
0. OFFICERS AND DIF			11244 10 1 003	Florida Departm	ent of	State
TLE STD	RECTORS	11		Florida Departm		State
		11.		Florida Departm		State
AME HYDE, JERRY L	RECTORS  Delete	11. TITLE NAME		Florida Departm		State
HYDE, JERRY L 3975 COUNTY ROAD 193		TITLE		Florida Departm	CTORS II	State N 10
AME REET ADDRESS TY-ST-ZIP HYDE, JERRY L 3975 COUNTY ROAD 193 CLEARWATER FL 34619		TITLE NAME		Florida Departm	CTORS II	State N 10
AME HYDE, JERRY L 3975 COUNTY ROAD 193 CLEARWATER FL 34619 VD		TITLE NAME STREET ADDRESS		Florida Departm	CTORS II	State N 10 Addition
AME ITREET ADDRESS ITY-ST-ZIP TLE AME SEAGREN, HILDA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida Departm	CTORS II	State N 10
AME REET ADDRESS TY-ST-ZIP CLEARWATER FL 34619 TLE VD SEAGREN, HILDA 8975 W. HALLS: RIVER ROAD. LO	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS		Florida Departm	CTORS II	State N 10 Addition
AME IREET ADDRESS TY-ST-ZIP  TILE MME REET ADDRESS TY-ST-ZIP  HOMOSASSA FL 34448  HYDE, JERRY L 3975 COUNTY ROAD 193 CLEARWATER FL 34619  VD SEAGREN, HILDA 8975 W. HALLS:RIVER ROAD, LO	☐ Delete ☐ Delete ☐ T- 136	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME - STREET ADDRESS- CITY-ST-ZIP		Florida Departm	CTORS II	State N 10 Addition
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AME FREET ADDRESS TY-ST-ZIP TILE SEAGREN, HILDA 8975 W. HALLS:RIVER ROAD, LO HOMOSASSA FL 34448 PD ME REET ADDRESS	☐ Delete ☐ Delete ☐ T- 136	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGE	Florida Departm	CTORS II	N 10 Addition Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with a address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

727 819 2529 BAT