

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

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

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

DOCUMENT # N11661

1. Entity Name

**WEST WIND VILLAGE RETIREMENT COMMUNITY ASSOCIATI
ON, INC.**



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 FL 34447

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2696492**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERTOCH, CARL A
8975 WEST HALLS RIVER ROAD
HOMOSASSA SPRINGS FL 34447

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **STD**
NAME **HYDE, JERRY L** ☐ Delete
STREET ADDRESS **3975 COUNTY ROAD 193**
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **VD**
NAME **SEAGREN, HILDA** ☐ Delete
STREET ADDRESS **8975 W. HALLS RIVER ROAD, LOT 136**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE **PD**
NAME **BERTOCH, CARL A** ☐ Delete
STREET ADDRESS **8975 W. HALLS RIVER ROAD**
CITY-ST-ZIP **HOMOSASSA SPRINGS FL**

TITLE **D**
NAME **HALL, CAROL** ☐ Delete
STREET ADDRESS **3975 COUNTY RD 193**
CITY-ST-ZIP **CLEARWATER FL 34619**

TITLE **D**
NAME **AKER, JACKIE** ☐ Delete
STREET ADDRESS **8975 HALLS RIVER ROAD STE 206**
CITY-ST-ZIP **HOMOSASSA FL 34448**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MILTON M. MOLL**
STREET ADDRESS **8975 W. HALLS RIVER ROAD**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Milton M. Moll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/03 722 819 2529 EXT 1324

CR2E037 (10/02)