FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N46114** **(7)**

1. Corporation Name

WEST WINDS RENTERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5316 53RD AVENUE EAST LOT # A-31 BRADENTON FL 34203	5316 53RD AVENUE EAST LOT # A-31 BRADENTON FL 34203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1991
3a. Date of Last Report: 03/11/1994
4. FEI Number: 65-0301777 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 LOT A-31	Suite, Apt. #, etc. 27 LOT A-31
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VOGLER, EDWARD, II
802 11TH STREET WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE PD	PRESIDENT ☒ Change ☐ Addition
NAME	MOORE, JAMES	12 NAME	JACK WINFIELD
STREET ADDRESS	5316 53RD AVE., E. H-15	13 STREET ADDRESS	5316 53rd AVE NW
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	VP	21 TITLE VP	FRANK DE VIVO - VP ☒ Change ☐ Addition
NAME	LAYMON, JOHN	22 NAME	VICE PRESIDENT D-3
STREET ADDRESS	5316 53RD AVENUE, E. A-26	23 STREET ADDRESS	5316 53rd AV E
CITY-ST-ZIP	BRADENTON FL 34203	24 CITY-ST-ZIP	BRADENTON FL 34203
TITLE	SD	31 TITLE SD	SECRETARY ☐ Change ☐ Addition
NAME	COOPER, BARBARA	32 NAME	COOPER BARBARA
STREET ADDRESS	5316 53RD AVE. E., N-11	33 STREET ADDRESS	5316 53rd AVE N-11
CITY-ST-ZIP	BRADENTON FL 34203	34 CITY-ST-ZIP	BRADENTON FL 34203
TITLE	TD	41 TITLE TD	TREASURER ☒ Change ☐ Addition
NAME	PINNA, ANTHONY	42 NAME	MARION KEEGAN
STREET ADDRESS	5316 53RD AVENUE, E., K-T	43 STREET ADDRESS	5316 53rd AV E A-31
CITY-ST-ZIP	BRADENTON FL	44 CITY-ST-ZIP	BRADENTON FL 34203
TITLE	D	51 TITLE D	MEMBER ☒ Change ☐ Addition
NAME	VANDERWEELE, WAYNE	52 NAME	NORMAN COLE
STREET ADDRESS	5316 53RD AVENUE, E. K-17	53 STREET ADDRESS	5316 53rd AV E Q-22
CITY-ST-ZIP	BRADENTON FL 34203	54 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marion G. Keegan 4-10-95 813-758-5718
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
MARION G. KEEGAN

00032227