
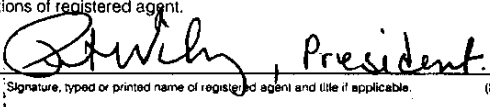


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90062 033 ****61.25

DOCUMENT # N47522 1. Entity Name WESTWIND COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 11404 W. SAMPLE RD. CORAL SPRINGS, FL 33065 US				Mailing Address 11404 W. SAMPLE RD. CORAL SPRINGS, FL 33065 US	
2. Principal Place of Business - No P.O. Box # 4851 N.W. 103 Avenue		3. Mailing Address P.O. Box 551057			
Suite, Apt. #, etc. Ste. 54		Suite, Apt. #, etc. Ft. Lauderdale, FL			
City & State Sunrise, FL		City & State Sunrise, FL			
Zip 33351		Country Broward		Zip 33355-1057	
Country Broward		4. FEI Number 65-0383783			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SUNDANCE PROPERTY MANAGEMENT 11404 W. SAMPLE ROAD POMPANO BEACH, FL 33065			7. Name and Address of New Registered Agent Name P.O. Management, Inc. Street Address (P.O. Box Number is Not Acceptable) 4851 N.W. 103 Avenue Ste. 54 City Sunrise FL Zip Code 33351		
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  President DATE 3/3/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IMM, TONY 404 LAKESIDE CIR SUNRISE, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STEINMAN, EVAN 448 LAKESIDE CIRCLE SUNRISE, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASCHE, AUDREY 434 LAKESIDE CIRCLE SUNRISE, FL 33326	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORDAN, SCOTT 431 LAKESIDE CIRCLE SUNRISE, FL 33326	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Imm Tony 404 Lakeside Circle Sunrise, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BYP Ward Jason 479 Lakeside Circle Sunrise, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Tony Imm 485 Lakeside Cir Sunrise, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		14 MAR 08 786-385-2492			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					