2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N47522

Entity Name: WESTWIND COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4851 NW 103 AVENUE
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 551057
FORT LAUDERDALE, FL 33355 US

New Mailing Address:

FEI Number: 65-0383783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIN OAK MANAGEMENT INC
4851 NW 103 AVENUE
SUNRISE, FL 33351 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: DP ( ) Delete
Name: IMM, TONY
Address: 404 LAKESIDE CIR
City-St-Zip: SUNRISE, FL 33326

Title: VT ( ) Delete
Name: STEINMAN, EVAN
Address: 448 LAKESIDE CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: S ( ) Delete
Name: CASCHE, AUDREY
Address: 434 LAKESIDE CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: DVP (X) Delete
Name: WARD, JASON
Address: 479 LAKESIDE CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: P (X) Delete
Name: IARY, TONY
Address: 485 LAKESIDE CT
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BERCHOK, FRANK
Address: 443 LAKESIDE CIRCLE
City-St-Zip: SUNRISE, FL 33326

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA WILEY P 02/21/2009

Electronic Signature of Signing Officer or Director — Date