

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 01, 2010
Secretary of State

DOCUMENT# N47522

Entity Name: WESTWIND COVE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4851 NW 103 AVENUE
SUITE 43C
SUNRISE, FL 33351 US**New Principal Place of Business:**11784 WEST SAMPLE ROAD
103
CORAL SPRINGS, FL 33065 US**Current Mailing Address:**PO BOX 551057
FORT LAUDERDALE, FL 33355 US**New Mailing Address:**11784 WEST SAMPLE ROAD
103
CORAL SPRINGS, FL 33065 US**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
SUITE 43C
SUNRISE, FL 33351 US**Name and Address of New Registered Agent:**UNITED COMMUNITY MANAGEMENT CORP.
11784 WEST SAMPLE ROAD
103
CORAL SPRINGS, FL 33065 US

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: RENEE CAMPBELL

10/01/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: IMM, TONY
Address: 11784 WEST SAMPLE ROAD #103
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D
Name: BERCHOK, FRANK
Address: 11784 WEST SAMPLE ROAD #103
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S
Name: CASCHE, AUDREY
Address: 11784 WEST SAMPLE ROAD #103
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby 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 all other like empowered.

SIGNATURE: MARY LOU PALMER

AGT

10/01/2010

Electronic Signature of Signing Officer or Director

Date