

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000890

FILED
May 16, 2007
Secretary of State

Entity Name: WESTWINDS VILLAGE OF TARPON SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8009 S. ORANGE AVE.
ORLANDO, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

8009 S. ORANGE AVE.
ORLANDO, FL 33767 US

New Mailing Address:

FEI Number: 65-0817485 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FURLOW, REBECCA
8009 S. ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S. ORANGE AVE
ORLANDO, FL 32809 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: REBECCA FURLOW

05/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OCKS, JOSEPH A
Address: 538 VILLAGE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DVP () Delete
Name: BEARDI, MICHAEL
Address: 402 VILLAGE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SDI () Delete
Name: MANN, ANNE M
Address: 509 VILLAGE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Delete
Name: WINSLOW, EDWARD
Address: 1222 STARBOARD KEY
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OCHS, JOSEPH A
Address: 538 VILLAGE DR
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Change () Addition
Name: WINSLOW, EDWARD J
Address: 1222 STARBOARD WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D (X) Change () Addition
Name: ECHEVARRIA, MIGUEL
Address: 521 VILLAGE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

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: JOSEPH OCHS

P

05/16/2007

Electronic Signature of Signing Officer or Director

Date