

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768645

FILED
Mar 29, 2016
Secretary of State
CC9150336308

Entity Name: WESTWINDS VILLAGE, INC.

Current Principal Place of Business:

5316 53RD AVE. E.
ADMINISTRATION OFFICE
BRADENTON, FL 34203

Current Mailing Address:

5316 53RD AVE. E.
ADMINISTRATION OFFICE
BRADENTON, FL 34203 US

FEI Number: 65-0101676

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GORDON, SCOTT E
ONE SARASOTA TOWER
TWO NORTH TAMAMI TRAIL FIFTH FLOOR
SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name OLERUD, ARLAND
Address 5316 53RD AVE. E.
 ADMINISTRATION OFFICE
City-State-Zip: BRADENTON FL 34203

Title VICE-PRESIDENT
Name BISSONETTE, CHARLES
Address 5316 53RD AVE. E.
 ADMINISTRATION OFFICE
City-State-Zip: BRADENTON FL 34203

Title TREASURER
Name DUGUAY, DAN (NOT A BOARD
 DIRECTOR)
Address 5316 53RD AVE. E.
 ADMINISTRATION OFFICE
City-State-Zip: BRADENTON FL 34203

Title SECRETARY
Name CODY, LORRAINE
Address 5316 53RD AVE. E.
 ADMINISTRATION OFFICE
City-State-Zip: BRADENTON FL 34203

Title DIRECTOR
Name KING, EDWARD
Address 5316 53RD AVE. E.
 ADMINISTRATION OFFICE
City-State-Zip: BRADENTON FL 34203

Title DIRECTOR
Name ELLSWORTH, DAVID
Address 5316 53RD AVE. E.
 ADMINISTRATION OFFICE
City-State-Zip: BRADENTON FL 34203

Title DIRECTOR
Name EICKLEY, ROGER
Address 5316 53RD AVE. E.
 ADMINISTRATION OFFICE
City-State-Zip: BRADENTON FL 34203

Title DIRECTOR
Name SHORT, PATRICIA
Address 5316 53RD AVE. E.
 ADMINISTRATION OFFICE
City-State-Zip: BRADENTON FL 34203

Continues on page 2

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: ARLAND OLERUD

PRESIDENT

03/29/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROBERTS, LES
Address 5316 53RD AVE. E.
 ADMINISTRATION OFFICE
City-State-Zip: BRADENTON FL 34203