

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004075

Entity Name: WESTONWOOD RANCH, INC.**Current Principal Place of Business:**4390 STATE HWY 20 W
FREEPORT, FL 32439**Current Mailing Address:**P.O. BOX 394
FREEPORT, FL 32439 US**FEI Number:** 82-1221167**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, KELLY
4390 STATE HWY 20 W
FREEPORT, FL 32439 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:** KELLY THOMPSON

03/03/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT

Name WOOD, LINDY L

Address 4390 STATE HWY 20 W

City-State-Zip: FREEPORT FL 32439

Title DIRECTOR

Name WOOD, JASON R

Address 4390 STATE HWY 20 W

City-State-Zip: FREEPORT FL 32439

Title DIRECTOR, SECRETARY

Name CORDLE, NATHAN R

Address 42 PORPOISE STREET

City-State-Zip: SANTA ROSA BEACH FL 32459

Title VP

Name TESTA, GABRIELLE

Address 200 TURTLE COVE

City-State-Zip: PANAMA CITY BEACH FL 32413

Title EXECUTIVE DIRECTOR

Name THOMPSON, KELLY

Address P.O. BOX 394

City-State-Zip: FREEPORT FL 32439

Title DIRECTOR, TREASURER

Name EDMONDS, ASHLEY

Address 263 SEABREEZE COURT

City-State-Zip: INLET BEACH FL 32461

Title DIRECTOR

Name BRANDMAN, MARY

Address 370 WOOD BEACH DRIVE

City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR

Name MURPHY, JANET

Address 151 WALTON BUENA VISTA DRIVE

City-State-Zip: SEACREST FL 32461

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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: KELLY THOMPSON

EXECUTIVE DIRECTOR

03/03/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	BLANKEN, WILLIAM
Address	52 PARTRIDGE LANE
City-State-Zip:	FREEPORT FL 32439