

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N98000000727

**Entity Name:** THE WINDS OF ST. ARMANDS, SOUTH HOMEOWNERS  
ASSOCIATION INC.

**Current Principal Place of Business:**

3000 NORTH TUTTLE AVE.  
SARASOTA, FL 34234

**Current Mailing Address:**

2920 ROCKWOOD COVE  
SARASOTA, FL 34234 US

**FEI Number:** 59-2645721

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CUSON, LORI A  
2920 ROCKWOOD COVE  
SARASOTA, FL 34234 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:** LORI A CUSON

01/10/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CUSON, LORI A  
Address        2920 ROCKWOOD CV  
City-State-Zip: SARASOTA FL 34234

Title            TREASURER  
Name            MOORE, JUDY  
Address        2863 LAMPLIGHTER DR.  
City-State-Zip: SARASOTA FL 34234

Title            DIRECTOR OF ACTIVITES  
Name            FROMENT, DIANNE  
Address        2036 CASITA DR.  
City-State-Zip: SARASOTA FL 34234

Title            VP  
Name            SHAULIS-GUNN, JANINE  
Address        3001 GOLDEN TERRACE  
City-State-Zip: SARASOTA FL 34234

Title            DIRECTOR AND NEWSLETTER  
                 EDITOR  
Name            COX, MARJORIE  
Address        3155 BAY ARISTOCRAT  
City-State-Zip: SARASOTA FL 34234

Title            DIRECTOR OF INFORMATION  
Name            WRIGHT, WILLIAM  
Address        2024 CASITA DRIVE  
City-State-Zip: SARASOTA FL 34234

Title            SECRETARY  
Name            HAMSHER, TOM  
Address        2045 CASITA DR.  
City-State-Zip: SARASOTA FL 34234

*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:** LORI A CUSON

**PRESIDENT**

01/10/2025

Electronic Signature of Signing Officer/Director Detail

Date