

2015 FLORIDA NOT FOR PROFIT CORPORATION 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:**2929 LAMPLIGHTER DR.
SARASOTA, FL 34234 US**FEI Number: 59-2645721****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STONE, WALTER J JR.
2929 LAMPLIGHTER DR
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:** WALTER J STONE, JR

01/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STONE, WALTER J
Address 2929 LAMPLIGHTER DR
City-State-Zip: SARASOTA FL 34234

Title 2ND VICE PRESIDENT
Name HOOPER, DALE
Address 2958 CIMARRON COVE
City-State-Zip: SARASOTA FL 34234

Title SECRETARY
Name LOGSDEN, BETTY J
Address 3192 BAY ARISTOCRAT DR
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR OF ACTIVITIES
Name HUTCHINSON, LYMAN
Address 2944 ROCKWOOD COVE
City-State-Zip: SARASOTA FL 34234

Title 1ST VICE PRESIDENT
Name WILLIAMS, BARBARA
Address 2821 PALM LAKE DR.
City-State-Zip: SARASOTA FL 34234

Title TREASURER
Name COX, MARJ
Address 3155 BAY ARISTOCRAT DR.
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name ETTINGER, EUGENE
Address 2995 ROCKWOOD COVE
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name MAYNARD, BARBARA
Address 3320 BAR OAKS DR.
City-State-Zip: SARASOTA FL 34234

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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: WALTER STONE

PRESIDENT

01/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KUBERRA, JOAN
Address	3104 BAY ARISTOCRAT DR.
City-State-Zip:	SARASOTA FL 34234