2014 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:

3000 N TUTTLE AVE SARASOTA, FL 34234 64

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

04/11/2014

FILED Apr 11, 2014

Secretary of State

CC8242981144

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT Name STONE, WALTER J Name HOOPER, DALE

Address 2929 LAMPLIGHTER DR Address 2958 CIMARRON COVE City-State-Zip: SARASOTA FL 34234 City-State-Zip: SARASOTA FL 34234

Title **TREASURER** Title **SECRETARY**

MCINTYRE, NORINE Name LOGSDEN, BETTY J Name Address 3192 BAY ARISTOCRAT DR Address 2935 REGENCY COVE City-State-Zip: SARASOTA FL 34234 City-State-Zip: SARASOTA FL 34234

Title **BOARD OF DIRECTOR** Title BOARD OF DIRECTOR Name ANDERSON, ROBERT Name ROLLINS, SHARON L Address 2980 REGENCY COVE 2908 ROCKWOOD COVE Address

City-State-Zip: SRASOTA FL 34234 Title **BOARD OF DIRECTOR** Name HUTCHINSON, LYMAN 2944 ROCKWOOD COVE Address

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.

City-State-Zip:

SIGNATURE: WALTER J. STONE JR.

SARASOTA FL 34234

City-State-Zip:

PRESIDENT

SARASOTA FL 34234

04/11/2014

Electronic Signature of Signing Officer/Director Detail

Date