FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -7 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729324 (4)

1. Corporation Name
GULF WESTWIND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
TOP MANAGEMENT ATTN: SAM HUFF
16521 SAN CARLOS BLVD., STE. F
FORT MYERS FL 33908

Mailing Address
TOP MANAGEMENT ATTN: SAM HUFF
16521 SAN CARLOS BLVD., STE. F
FORT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1974
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2043610 — Applied For / Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
TOP MANAGEMENT OF SOUTHWEST FL, INC.
16521 SAN CARLOS BLVD., STE. F
FORT MYERS FL 33908

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HEYM, ROBERT	1.2 NAME	
STREET ADDRESS	3045 ESTERO BLVD, 5-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	TRUHE, JOHN	2.2 NAME	
STREET ADDRESS	3045 ESTERO BLVD., 8-C	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	GORMAN, JAMES	3.2 NAME	
STREET ADDRESS	3045 ESTERO BLVD., 4-D	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JACK	4.2 NAME	
STREET ADDRESS	407 DRVIN LANE, RD #2	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN GARDNER NJ	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D ☐ Change ☑ Addition
NAME		5.2 NAME	John J. Pfaff
STREET ADDRESS		5.3 STREET ADDRESS	3045 Estero Blvd., 8-D
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fort Myers Bch., FL 33931
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert A. Heym — 3/31/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

006490