FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **729324** **(4)**

1. Corporation Name

GULF WESTWIND CONDOMINIUM ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: 04/12/1974
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business	2a. Mailing Address
21 16681 MCGREGOR BLVD	26 16681 MCGREGOR BLVD
Suite, Apt. #, etc. 22 STE 207	Suite, Apt. #, etc. 27 STE 207
City & State 23 FORT MYERS FL	City & State 28 FORT MYERS FL
Zip: 24 33908 Country: 25 USA	Zip: 29 33908 Country: 30 USA

4. FEI Number: 59-2043610 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: TOP MANAGEMENT OF SW FLORIDA INC
82 Street Address (P.O. Box Number is Not Acceptable): 16681 MCGREGOR BLVD
83: STE 207
84 City: FORT MYERS **FL** 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	HEYM, ROBERT		1.2 NAME	HEYM, ROBERT	
STREET ADDRESS	3045 ESTERO BLVD, 5-A		1.3 STREET ADDRESS	3045 ESTERO BLVD 5-A	
CITY-ST-ZIP	FORT MYERS BEACH FL		1.4 CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	VD	☐ DELETE	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	☒ DELETE	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	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	MARTIN, JACK		4.2 NAME	MARTIN, JOHN	
STREET ADDRESS	407 DRVIN LANE, RD #2		4.3 STREET ADDRESS	407 DERVIN LANE	
CITY-ST-ZIP	GLEN GARDNER NJ		4.4 CITY-ST-ZIP	GLEN GARDNER NJ 08826	
TITLE	D	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	PFAFF, JOHN J		5.2 NAME	PFAFF, JOHN	
STREET ADDRESS	3045 ESTERO BLVD., 8-D		5.3 STREET ADDRESS	3045 ESTERO BLVD D-8	
CITY-ST-ZIP	FORT MYERS BCH FL		5.4 CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 B. Heym ROBERT HEYM 4/13/96 941-466-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #