

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **729324** (4)  
1. Corporation Name  
**GULF WESTWIND CONDOMINIUM ASSOCIATION, INC.**



|                                                                                                        |                                                                                                 |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>16681 MCGREGOR BLVD<br/>SUITE 207<br/>FORT LYERS FL 33908<br/>US</b> | Mailing Address<br><b>16681 MCGREGOR BLVD<br/>SUITE 207<br/>FORT MYERS FL 33908-3870<br/>US</b> |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                     |                                                                                          |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                  |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/12/1974</b>                                                                                           | 3a. Date of Last Report<br><b>04/17/1996</b>           |
| 4. FEI Number<br><b>59-2043610</b>                                                                                                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

9. Name and Address of Current Registered Agent

**TOP MANAGEMENT OF SOUTHWEST FL, INC.  
16681 MCGREGOR BLVD  
SUITE 207  
FORT MYERS FL 33908**

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | <b>FL</b>   |

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | PTD                    | <input type="checkbox"/> DELETE |
| NAME            | HEYM, ROBERT           |                                 |
| STREET ADDRESS  | 3045 ESTERO BLVD, 5-A  |                                 |
| CITY - ST - ZIP | FORT MYERS BEACH FL    |                                 |
| TITLE           | VD                     | <input type="checkbox"/> DELETE |
| NAME            | TRUHE, JOHN            |                                 |
| STREET ADDRESS  | 3045 ESTERO BLVD., 8-C |                                 |
| CITY - ST - ZIP | FORT MYERS BEACH FL    |                                 |
| TITLE           | VD                     | <input type="checkbox"/> DELETE |
| NAME            | PFAFF, JOHN J          |                                 |
| STREET ADDRESS  | 3045 ESTERO BLVD., 8-D |                                 |
| CITY - ST - ZIP | FORT MYERS BCH FL      |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> DELETE |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  | 3045 ESTERO BLVD #5 1                                                        |
| 1.4 CITY - ST - ZIP | FORT MYERS BEACH FL 33931                                                    |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  | 3045 ESTERO BLVD #8 3                                                        |
| 2.4 CITY - ST - ZIP | FORT MYERS BEACH FL 33931                                                    |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  | 3045 ESTERO BLVD #8 4                                                        |
| 3.4 CITY - ST - ZIP | FORT MYERS BEACH FL 33931                                                    |
| 4.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME            | SD                                                                           |
| 4.3 STREET ADDRESS  | MARTIN, JOHN                                                                 |
| 4.4 CITY - ST - ZIP | 3045 ESTERO BLVD #5 3<br>FORT MYERS BEACH FL 33931                           |
| 5.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | D                                                                            |
| 5.3 STREET ADDRESS  | DAVIS, PAUL                                                                  |
| 5.4 CITY - ST - ZIP | 3045 ESTERO BLVD #7 4<br>FORT MYERS BEACH FL 33931                           |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Heym* SIGNED ROBERT HEYM, PRESIDENT

04-09-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066399

CR2E037 (9/96)