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Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
16681 MCGREGOR BLVD SUITE 207 FORT LYERS FL 33908 US	16681 MEGREGOR BLVD SUITE 207 FORT MYERS FL 33908 US

3. Date Incorporated or Qualified: 04/12/1974

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

2. Principal Place of Business	2a. Mailing Address
21	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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TOP MANAGEMENT OF SOUTHWEST FL, INC. 16681 MCGREGOR BLVD SUITE 207 FORT MYERS FL 33908	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 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	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HEYM, ROBERT		1.2 NAME	
STREET ADDRESS	3045 ESTERO BLVD. #5 1		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRUHE, JOHN		2.2 NAME	
STREET ADDRESS	3045 ESTERO BLVD., #8 3		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PFAFF, JOHN J		3.2 NAME	
STREET ADDRESS	3045 ESTERO BLVD. #8 4		3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS BCH FL 33931		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, PAUL		4.2 NAME	
STREET ADDRESS	3045 ESTERO BLVD #7 4		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH FL 33931		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JOHN		5.2 NAME	
STREET ADDRESS	3045 ESTERO BLVD, #5 3		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS BEACH FL 33931		5.4 CITY-ST-ZIP	
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 (10/97)

14. I 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 G. Heym Pres. May 29, 1998 (941)466-3330