

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729324

1. Corporation Name

GULF WESTWIND CONDOMINIUM ASSOCIATION, INC. ✓

Principal Place of Business

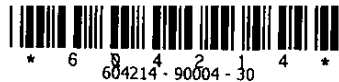
16681 MCGREGOR BLVD
SUITE 207
FORT MYERS FL 33908
US

Mailing Address

16681 MCGREGOR BLVD
SUITE 207
FORT MYERS FL 33908
US

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90004 030 ****61.25



2. Principal Place of Business

21 16681 MCGREGOR BLVD

Suite, Apt. #, etc.

22 SUITE 104

City & State

23 FORT MYERS FL

Zip

24 33908

Country

25 US

2a. Mailing Address

26 16681 MCGREGOR BLVD

Suite, Apt. #, etc.

27 SUITE 104

City & State

28 FORT MYERS FL

Zip

29 33908

Country

30 US

3. Date Incorporated or Qualified

04/12/1974

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

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

82 Street Address

83

84 City

FL

85

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** ☐ DELETE

NAME **HEYM, ROBERT**

STREET ADDRESS **3045 ESTERO BLVD. #5 1**

CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **VD** ☐ DELETE

NAME **TRUHE, JOHN**

STREET ADDRESS **3045 ESTERO BLVD., #8 3**

CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **VD** ☐ DELETE

NAME **PFAFF, JOHN J**

STREET ADDRESS **3045 ESTERO BLVD. #8 4**

CITY-ST-ZIP **FORT MYERS BCH FL 33931**

TITLE **D** ☐ DELETE

NAME **DAVIS, PAUL**

STREET ADDRESS **3045 ESTERO BLVD #7 4**

CITY-ST-ZIP **FT. MYERS BCH FL 33931**

TITLE **SD** ☐ DELETE

NAME **MARTIN, JOHN**

STREET ADDRESS **3045 ESTERO BLVD, #5 3**

CITY-ST-ZIP **FT MYERS BEACH FL 33931**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **HYEM, ROBERT**

1.3 STREET ADDRESS **3045 ESTERO BLVD #5 1**

1.4 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

2.1 TITLE **V/D** ☐ Change ☐ Addition

2.2 NAME **TRUHE, JOHN**

2.3 STREET ADDRESS **3045 ESTERO BLVD #8 3**

2.4 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

3.1 TITLE **V/D** ☐ Change ☐ Addition

3.2 NAME **PFAFF, JOHN J**

3.3 STREET ADDRESS **3045 ESTERO BLVD #8 4**

3.4 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

4.1 TITLE **P/T/D** ☒ Change ☐ Addition

4.2 NAME **DAVIS, PAUL**

4.3 STREET ADDRESS **3045 ESTERO BLVD #7 4**

4.4 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

5.1 TITLE **S/D** ☐ Change ☐ Addition

5.2 NAME **MARTIN, JOHN**

5.3 STREET ADDRESS **3045 ESTERO BLVD #5 3**

5.4 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)