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

FILED
Aug 11, 1999 8:00 am
Secretary of State
08-11-1999 90004 030 ****61.25

100008335

DOCUMENT # 729324

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

604214 - 90004 - 30

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 16681 MCGREGOR BLVD	26 16681 MCGREGOR BLVD	04/12/1974
Suite, Apt. #, etc. 22 SUITE 104	Suite, Apt. #, etc. 27 SUITE 104	4. FEI Number 59-2043610 ☐ Applied For ☐ Not Applicable
City & State 23 FORT MYERS FL	City & State 28 FORT MYERS FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33908 25 US	Zip / Country 29 33908 30 US	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 Ac able)
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 _____ 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	D	☒ Change ☐ Addition
NAME	HEYM, ROBERT		1.2 NAME	HYEM, ROBERT	
STREET ADDRESS	3045 ESTERO BLVD. #5 1		1.3 STREET ADDRESS	3045 ESTERO BLVD #5 1	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		1.4 CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	VD	☐ DELETE	2.1 TITLE	V/D	☐ Change ☐ Addition
NAME	TRUHE, JOHN		2.2 NAME	TRUHE, JOHN	
STREET ADDRESS	3045 ESTERO BLVD., #8 3		2.3 STREET ADDRESS	3045 ESTERO BLVD #8 3	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		2.4 CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	VD	☐ DELETE	3.1 TITLE	V/D	☐ Change ☐ Addition
NAME	PFAFF, JOHN J		3.2 NAME	PFAFF, JOHN J	
STREET ADDRESS	3045 ESTERO BLVD. #8 4		3.3 STREET ADDRESS	3045 ESTERO BLVD #8 4	
CITY-ST-ZIP	FORT MYERS BCH FL 33931		3.4 CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	D	☐ DELETE	4.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	DAVIS, PAUL		4.2 NAME	DAVIS, PAUL	
STREET ADDRESS	3045 ESTERO BLVD #7 4		4.3 STREET ADDRESS	3045 ESTERO BLVD #7 4	
CITY-ST-ZIP	FT. MYERS BCH FL 33931		4.4 CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	SD	☐ DELETE	5.1 TITLE	S/D	☐ Change ☐ Addition
NAME	MARTIN, JOHN		5.2 NAME	MARTIN, JOHN	
STREET ADDRESS	3045 ESTERO BLVD, #5 3		5.3 STREET ADDRESS	3045 ESTERO BLVD #5 3	
CITY-ST-ZIP	FT MYERS BEACH FL 33931		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 (5/99)

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 REQUIRE Pres 8-2-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #