# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 04, 2001 8:00 am**
**Secretary of State**
05-04-2001 90039 013 ****61.25

DOCUMENT # 729324

1. Entity Name

GULF WESTWIND CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 16681 MCGREGOR BLVD<br>SUITE 104<br>FORT LYERS FL 33908<br>US | 16681 MCGREGOR BLVD<br>SUITE 104<br>FORT LYERS FL 33908<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TOP MANAGEMENT OF SOUTHWEST FL, INC.<br>16681 MCGREGOR BLVD<br>SUITE 207<br>FORT MYERS FL 33908 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite 104<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HEYM, ROBERT<br>3045 ESTERO BLVD. #5 1<br>FORT MYERS BEACH FL 33931 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TRUHE, JOHN<br>3045 ESTERO BLVD., #8 3<br>FORT MYERS BEACH FL 33931 | ☒ Delete | D<br>BOLZ, HELLA<br>3045 ESTERO BLVD, #2-3<br>FT MYERS BEACH, FL 33931 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PFAFF, JOHN J<br>3045 ESTERO BLVD. #8 4<br>FORT MYERS BCH FL 33931 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>DAVIS, PAUL<br>3045 ESTERO BLVD #7 4<br>FT. MYERS BCH FL 33931 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MARTIN, JOHN<br>3045 ESTERO BLVD, #5 3<br>FT MYERS BEACH FL 33931 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

466-3330

**SIGNATURE:** SIGNATURE REQUIRED 04-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #