2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 729324** 1. Entity Name 04-26-2004 90520 047 ****61.25 GULF WESTWIND CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 16681 MCGREGOR BLVD 16681 MCGREGOR BLVD SUITE 104 SUITE 104 FORT LYERS FL 33908 FORT LYERS FL 33908 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State City & State 4. FEI Number 59-2043610 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOP MANAGEMENT OF SOUTHWEST FL, INC. Street Address (P.O. Box Number is Not Acceptable) 16681 MCGREGOR BLVD SUITE 104 FORT MYERS FL 33908 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ■ Addition ☐ Delete TITLE 2ND VD TITLE BOLZ, HELLA NAME NAME 3045 ESTERO BLVD. #2-3 STREET ADDRESS STREET ADDRESS FORT MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP IST VA Change TITI F ☐ Delete TITLE ☐ Addition PEAFE, JOHN J NAME NAME 3045 ESTERO BLVD. #8 4 STREET ADDRESS STREET ADDRESS FORT MYERS BCH FL 33931 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition DAVIS, PAUL NAME NAME 3045 ESTERO BLVD #7 4 STREET ADDRESS STREET ADDRESS FT. MYERS BCH FL 33931 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE SD/TD TITLE MARTIN, JOHN NAME NAME 3045 ESTERO BLVD, #5 3 STREET ADDRESS STREET ADDRESS FT MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

FILED

466. 3330 SIGNATURE: Daytime Phone #

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 attachaged with an address, with all other like empowered.