## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # 729324** 1. Entity Name 04-20-2005 90296 039 \*\*\*\*61.25 GULF WESTWIND CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address quuovev-16681 MCGREGOR BLVD 16681 MCGREGOR BLVD SUITE 104 SUITE 104 FORT LYERS FL 33908 FORT LYERS FL 33908 2. Principal Place of Business Mailing Address 16681 MC GREGOR BLUD 16681 MCGREGOR BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State Applied For City & State 4. FEI Number MVERS 59-2043610 FORT Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BOLZ, HELLA NAME NAME 3045 ESTERO BLVD. #2-3 STREET ADDRESS STREET ADDRESS FORT MYERS BEACH FL 33931 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition PFAFF, JOHN J NAME NAME 3045 ESTERO BLVD. #8 4 STREET ADDRESS STREET ADDRESS FORT MYERS BCH FL 33931 CITY-ST-ZIP CiTY-ST-7IP PTD .. TITLE ☐ Delete TITLE Change ☐ Addition DAVIS, PAUL NAME NAME 3045 ESTERO BLVD #7 4 STREET ADDRESS STREET ADDRESS FT. MYERS BCH FL 33931 CITY-ST-7IP CITY-ST-7IP SDTD TITLE Defete TITLE ☐ Change ☐ Addition MARTIN, JOHN NAME NAME 3045 ESTERO BLVD, #5 3 STREET ADDRESS STREET ADDRESS FT MYERS BEACH FL 33931 City-St-7iP CITY-ST-ZIE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST- ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachm

SIGNATURE:

**FILED** 

Daytime Phone #