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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730109 (6)

1. Corporation Name
ISLAND WINDS CONDOMINIUM BATH AND RACQUET CLUB ASSOCIATION, INC.

Principal Place of Business Mailing Address
6612 ESTERO BLVD. FORT MYERS BEACH FL 33901-4546
6612 ESTERO BLVD. FORT MYERS BEACH FL 33901-4546

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/01/1974** 3a. Date of Last Report **03/01/1994**
4. FEI Number **59-1650518** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.
13515 BELL TOWER BLVD, STE 101
FT. MYERS FL 33907**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, WILLIAM	1.2 NAME	
STREET ADDRESS	4381 CRESTLINE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANN ARBOR MI	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIS, TIM	2.2 NAME	Reis, Tim
STREET ADDRESS	COLUMBUS, OH.	2.3 STREET ADDRESS	55 East Park Drive
CITY-ST-ZIP	EUCLID OH	2.4 CITY-ST-ZIP	Hebron, OH 43025
TITLE	DS	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSBAUM, BILL	3.2 NAME	Nusbaum, Bill
STREET ADDRESS	2150 GREENLEAF RD	3.3 STREET ADDRESS	2150 Greenleaf Road
CITY-ST-ZIP	DEPERE WI	3.4 CITY-ST-ZIP	De Pere, WI 54115
TITLE	DV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, JOE	4.2 NAME	
STREET ADDRESS	412 FINESTOCK CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAHANNA OH	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURBER, MYERS	5.2 NAME	
STREET ADDRESS	6610 ESTERO BLVD #1023	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BCH. FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALMER, RICHARD	6.2 NAME	Muzyka, Richard
STREET ADDRESS	6612 ESTERO BLVD. #902	6.3 STREET ADDRESS	21 Mathewson Mill Road
CITY-ST-ZIP	FT. MYERS BEACH FL	6.4 CITY-ST-ZIP	Ledyard, CT 06339

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: C. Myers Thurber

C. Myers Thurber 2/24/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #