

FILE NOW: FILING FEE IS \$61.2

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morin
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: 6612 ESTERO BLVD. FORT MYERS BEACH FL 33931-4546
Mailing Address: 6612 ESTERO BLVD. FORT MYERS BEACH FL 33931-4646



3. Date Incorporated or Qualified: 07/01/1974
3a. Date of Last Report: 03/01/1995
4. FEI Number: 59-1650518
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: BECKER, POLIAKOFF & STREITFELD, P.A. 13515 BELL TOWER BLVD, STE 101 FT. MYERS FL 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the undersigned hereby certifies that he is a 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.

12. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1	DATE
D	GROSS, WILLIAM	<input type="checkbox"/> DELETE	
4381 CRESTLINE DR.	ANN ARBOR MI		
DS	REIS, TIM	<input type="checkbox"/> DELETE	
55 EAST PARK DRIVE	HEBRON OH		
D	NUSBAUM, BILL	<input type="checkbox"/> DELETE	
2150 GREENLEAF ROAD	DE PERE WI		
DV	SCHMITT, JOE	<input type="checkbox"/> DELETE	
412 FINESTOCK CT	GAHANNA OH		
DP	THURBER, MYERS	<input type="checkbox"/> DELETE	
6610 ESTERO BLVD #1023	FT. MYERS BCH. FL		
DT	MUZYKA, RICHARD	<input type="checkbox"/> DELETE	
21 MATHEWSON MILL ROAD	LEDYARD CT		

10. Name and Address of New Registered Agent (81-84) fields: Name, Street Address, City, FL, Zip Code.

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 119.07(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 employed 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: Myers Thurber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Myers Thurber* 2/26/96 941-463-4626
Date Day/Time Phone #

CR2E037 (12/95)