

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

0070249

04-02-2001 90052 025 \*\*\*\*61.25

**DOCUMENT # 730109**

1. Entity Name

**ISLAND WINDS CONDOMINIUM BATH AND RACQUET CLUB A**

Principal Place of Business

Mailing Address

6612 ESTERO BLVD.  
 FORT MYERS BEACH FL 33931-4546

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 FORT MYERS BEACH FL 33931-4546

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1998327**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

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	DV GROSS, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	4381 CRESTLINE DR.	
CITY-ST-ZIP	ANN ARBOR MI	
TITLE NAME	D HUNTER, VERN	<input type="checkbox"/> Delete
STREET ADDRESS	450-W MAIN STREET	
CITY-ST-ZIP	MERIDEN CT 06451	
TITLE NAME	DS NUSBAUM, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	2150 GREENLEAF ROAD	
CITY-ST-ZIP	DE PERE WI 54115	
TITLE NAME	D SCHMITT, JOE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1267 POPPY HILLS DRIVE	
CITY-ST-ZIP	BLACKLICK OH	
TITLE NAME	DP HILL, GALE A	<input type="checkbox"/> Delete
STREET ADDRESS	#1 MAY BARN LANE	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE NAME	DT MUZYKA, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	21 MATHEWSON MILL ROAD	
CITY-ST-ZIP	LEDYARD CT 06339	

TITLE NAME	D Reis, Tim	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	55 East Park Drive	
CITY-ST-ZIP	Hebron, OH 43025	
TITLE NAME	D Bryan, Ray	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4238 West Ridge Road	
CITY-ST-ZIP	Gary, IN 46405	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 attachment with an address, with all other like empowers.

SIGNATURE: \_\_\_\_\_

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2001  
 Date

768 5573  
 Daytime Phone #

CR2E037 (10/00)