



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90054 008 \*\*\*\*70.00

<b>DOCUMENT # 730109</b> 1. Entity Name <b>ISLAND WINDS CONDOMINIUM BATH AND RACQUET CLUB ASSOCIATION, INC.</b>					
Principal Place of Business <b>6612 ESTERO BLVD.                  FORT MYERS BEACH, FL 33931-4546</b>			Mailing Address <b>6612 ESTERO BLVD.                  FORT MYERS BEACH, FL 33931-4546</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01122004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-1998327</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BECKER, POLIAKOFF &amp; STREITFELD, P.A.                  14241 METROPOLIS AVE.                  SUITE 100                  FT MYERS, FL 33912-0000</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GROSS, WILLIAM 4381 CRESTLINE DR. ANN ARBOR, MI	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gross, William 4381 Crestline Dr. Ann Arbor, MI 48103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ HUNTER, VERN 450 W MAIN STREET MERIDEN, CT 06451	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUNTER, VERN 450 W. Main St. Meriden, CT 06451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	✗ NUSBAUM, BILL 4265 BAYVIEW DR STURGEON BAY, WI 54235	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Nusbaum, Bill 4265 Bayview Dr Sturgeon Bay, WI 54235	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, RAY 4238 WEST RIDGE ROAD GARY, IN 46405	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAY LANE BARN #1 MAY BARN LANE CHESTERFIELD, MO 63017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALE HILL # HAY BARN Lane Chesterfield, MO 63017	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MUZYKA, RICHARD 21 MATHEWSON MILL ROAD LEDYARD, CT 06339	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.					
SIGNATURE: <u>Gale A. Hill</u>		<u>Gale Hill</u>		Date: <u>1-11-04</u> Daytime Phone #: <u>636-533-0877</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					