## **2008 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

## **DOCUMENT #730109**



## FILED Mar 17, 2008 8:00 am Secretary of State

03-17-2008 90002 010 \*\*\*\*61.25

1. Entity Name ISLAND WINDS CONDOMINIUM BATH AND RACQUET CLUB ASSOCIATION, INC. Principal Place of Business Mailing Address 6612 ESTERO BLVD. 6612 ESTERO BLVD. 40040101 FORT MYERS BEACH, FL 33931-4546 FORT MYERS BEACH, FL 33931-4546 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 Cha-NP CR2E037 (12/06) City & State Applied For City & State 4. FEI Number 59-1998327 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKER, POLIAKOFF & STREITFELD, P.A. 14241 METROPOLIS AVE Street Address (P.O. Box Number is Not Acceptable) **SUITE 100** WHITFHALL DRIVE FT MYERS, FL 33912-0000 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 the obligations of registr SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ,11. TITLE ☐ Delete TITLE Addition CARROLL, JOHN FREIBURGER, JIM NAME NAME AGRI WILDCAT COVE FORT WAYNE TN 116 GOODRICH LAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLON, MI 49040 CITY-ST-7IP DΛ ☐ Delete TITLE Change ■ Addition CLOSE, MICHAEL JOSE, MICHAEL NAME NAME 7360 BELLAIRE AVE DUBLIN OH 43017 STREET ADDRESS 7360 BELLAIRE AVE STREET ADDRESS **DUBLIN, OH 43017** CITY-ST-ZIP CITY-ST-ZIP DP TITLE ☐ Delete TM F Addition Change NUS BAUM, BILL NAME NUSBAUM, BILL NAME 4265 BAYVIEW DR 4265 BAYVIEW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STURGEON BAY, WI 54235 CITY-ST-ZIP STURGEON BAY WI 54235 DS TITI F ☐ Delete RANLIN LEA PORE CREEK CT TITLE Change ☐ Addition NAME REIS, TIM NAME 55 EAST PARK DRIVE STREET ADDRESS STREET ADDRESS HEBRON, OH 43025 CITY-ST-ZIP DAYTON OH 45459 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition BROUGH DAN 11709 CHESTNUT RIDGE DRIVE HILL, GALE MAME NAME #1 HAY BARN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHESTERFIELD, MO 63017 CITY-ST-7IP 7ITI F ☐ Delete TITLE ☐ Change Addition MUZYKA RICHARD #1003 RAVLIN, LEA NAME NAME STREET ADDRESS 6840 SYCAMORE CREEK CT STREET ADDRESS CITY-ST-ZIP DAYTON, OH 45459 3393 FORT MYERS BEACH 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attacoment with an address, with all other like empowered. 08 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #