

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

0051720

**DOCUMENT # 730109**

1. Entity Name

**ISLAND WINDS CONDOMINIUM BATH AND RACQUET CLUB ASSOCIATION, INC.**



03-13-2003 90065 031 \*\*\*\*61.25

Principal Place of Business

**6612 ESTERO BLVD.  
FORT MYERS BEACH FL 33931-4546**

Mailing Address

**6612 ESTERO BLVD.  
FORT MYERS BEACH FL 33931-4546**

**70027370**

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>GROSS, WILLIAM</b>	
STREET ADDRESS	<b>4381 CRESTLINE DR.</b>	
CITY-ST-ZIP	<b>ANN ARBOR MI</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HUNTER, VERN</b>	
STREET ADDRESS	<b>450 W MAIN STREET</b>	
CITY-ST-ZIP	<b>MERIDEN CT 06451</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>NUSBAUM, BILL</b>	
STREET ADDRESS	<b>4265 BAYVIEW DR</b>	
CITY-ST-ZIP	<b>STURGEON BAY WI 54235</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRYAN, RAY</b>	
STREET ADDRESS	<b>4238 WEST RIDGE ROAD</b>	
CITY-ST-ZIP	<b>GARY IN 46405</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>HILL, GALE A</b>	
STREET ADDRESS	<b>#1 MAY BARN LANE</b>	
CITY-ST-ZIP	<b>CHESTERFIELD MO 63017</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>MUZYKA, RICHARD</b>	
STREET ADDRESS	<b>21 MATHEWSON MILL ROAD</b>	
CITY-ST-ZIP	<b>LEDYARD CT 06339</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frelburger, Jim</b>	
STREET ADDRESS	<b>116 Goodrich Lake Dr</b>	
CITY-ST-ZIP	<b>P.O Box 822, Colon-MI 49040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Reis, Tim</b>	
STREET ADDRESS	<b>55 E. Park Dr</b>	
CITY-ST-ZIP	<b>Hebron, OH 43025</b>	
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Caroll, John</b>	
STREET ADDRESS	<b>2621 Wildcat Cove</b>	
CITY-ST-ZIP	<b>Fort Wayne, IN 40684</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hay Barn Lane</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 empowered.

SIGNATURE:

*[Signature]* **SIGNATURE REQUIRED**

3-11-03

CR2E037 (10/02)