

# FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **733574** (8)  
1. Corporation Name  
**WEST WIND ESTATES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940 US**

3. Date Incorporated or Qualified **08/14/1975** 3a. Date of Last Report **04/25/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	<b>59-1647091</b>	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SOUTHWEST PROPERTY, MANAGEMENT</b> <b>1044 CASTELLO DRIVE</b> <b>SUITE 206</b> <b>NAPLES FL 33940</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>PO</del> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VB</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, BILL</b>	1.2 NAME	
STREET ADDRESS	<b>290 MATECUMBE LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<del>VB</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>KORAKAS, GEORGE</del>	2.2 NAME	<b>J. Hirschinger</b>
STREET ADDRESS	<b>150 SUGAR LOAF LANE</b>	2.3 STREET ADDRESS	<b>130 Ocean Reef Lane</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	<b>Naples, Florida</b>
TITLE	<del>SD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>CARTER, CINDY</del>	3.2 NAME	<b>Mr. Russell Koolhoff</b>
STREET ADDRESS	<b>220 OCEAN REEF LANE</b>	3.3 STREET ADDRESS	<b>211 Pine Key Lane</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	<b>Naples, Florida 33961</b>
TITLE	<del>TD</del> <input type="checkbox"/> DELETE	4.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROMANO, SHIRLEY</b>	4.2 NAME	
STREET ADDRESS	<b>281 ISLANORADA LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>NUCILLI, CARL</del>	5.2 NAME	<b>Alice Little</b>
STREET ADDRESS	<b>291 INDIAN KEY LANE</b>	5.3 STREET ADDRESS	<b>150 Ocean Reef Lane</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	<b>Naples, Florida</b>
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>UDELHOFEN, JACK</del>	6.2 NAME	<b>Cam Talley</b>
STREET ADDRESS	<b>290 PINE KEY LANE</b>	6.3 STREET ADDRESS	<b>200 Pine Key Lane</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	6.4 CITY-ST-ZIP	<b>Naples, Florida</b>

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 empowered 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: *Cam Talley President* 4-12-96 775-5708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

733574

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Ed Kemnitzer  
230 Lime Key Lane  
Naples, Florida