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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733574 (8)
1. Corporation Name
WEST WIND ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940 US	Mailing Address 1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940 US
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3. Date Incorporated or Qualified 08/14/1975
4. FEI Number 59-1647091
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 34103	Country 25
Zip 29 34103	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SOUTHWEST PROPERTY, MANAGEMENT
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code **34103**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BILL <input checked="" type="checkbox"/> DELETE 290 MATECUMBE LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. HIRSCHINGER <input checked="" type="checkbox"/> DELETE 130 OCEAN REEF LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALARDY, YOLANDA <input type="checkbox"/> DELETE 250 OCEAN REEF LN NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMANO, SHIRLEY <input type="checkbox"/> DELETE 281 ISLANORADA LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALICE LITTLE <input type="checkbox"/> DELETE 150 OCEAN REEF LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEAZER, JUANITA <input type="checkbox"/> DELETE 240 LIME KEY LANE NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	V/D Talley, Cam <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 Pine Key Lane Naples, FL 34114
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Trask, Jerry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 290 Pine Key Lane Naples, FL 34114
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Yolanda Palardy*

CR2E037 (10/97)

West Winds Estates Condominium Association, Inc.

D
Cook, Ronald
180 Grassy Key Lane
Naples, FL