

FILE NOW: FILING FEE IS \$61.25

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Apr 27 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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 <b>1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940 US</b>		Mailing Address <b>1044 CASTELLO DRIVE SUITE 206 NAPLES FL 33940 US</b>		3. Date Incorporated or Qualified <b>08/14/1975</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip <b>34103</b> Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip <b>34103</b> Country		4. FEI Number <b>59-1647091</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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 <b>SOUTHWEST PROPERTY, MANAGEMENT          1044 CASTELLO DRIVE          SUITE 206          NAPLES FL 33940</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code <b>34103</b>					

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BILL 290 MATECUMBE LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. HIRSCHINGER 130 OCEAN REEF LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALARDY, YOLANDA 250 OCEAN REEF LN NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMANO, SHIRLEY 281 ISLANORADA LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALICE LITTLE 150 OCEAN REEF LANE NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELEAZER, JUANITA 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 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 290 Pine Key Lane Naples, FL 34114
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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.

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Cook, Ronald

180 Grassy Key Lane

Naples, FL