

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90270 032 \*\*\*\*61.25

**DOCUMENT # 733574**

1. Entity Name

**WEST WIND ESTATES CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

K&K MGMT.  
 P.O. BOX 9692  
 NAPLES FL 34101  
 US

K&K MGMT.  
 P.O. BOX 9692  
 NAPLES FL 34101  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1647091**

Applied For

Not Applicable

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

**KEN WHELOCK**  
**5360 18TH AVE. NW**  
**NAPLES FL 34119**

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.

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALSTADT, NORMA	
STREET ADDRESS	290 ISLAMORADA LANE	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TRASK, JERRY	
STREET ADDRESS	290 PINE KEY LANE	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DENNY, AUDREY	
STREET ADDRESS	200 ISLAMORADA LN	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MAURIS, CHARLES	
STREET ADDRESS	230 GRASSY KEY LANE	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIDMAIER, NANCY	
STREET ADDRESS	240 ISLAMORADA LANE	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAAS, DON	
STREET ADDRESS	210 GRASSY KEY LANE	
CITY-ST-ZIP	NAPLES FL 34114	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANLEY, James	
STREET ADDRESS	2551 N. Shore Rd	
CITY-ST-ZIP	HADLEY, NY 12835	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fobes, Wayne	
STREET ADDRESS	430 Jewell Dr.	
CITY-ST-ZIP	Liverpool, NY 13088	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denny, Audrey	
STREET ADDRESS	200 Islamorada Ln	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURIS, Charles	
STREET ADDRESS	230 Grassy Key Lane	
CITY-ST-ZIP	Naples, FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Charles Maurais*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES MAURIS** 3/26/02  
 Date

Daytime Phone #

CR2E037 (9/01)