

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91258 043 ****61.25

DOCUMENT # 733574

1. Entity Name
WEST WIND ESTATES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**K&K MGMT.
P.O. BOX 9692
NAPLES, FL 34101 US**

Mailing Address
**K&K MGMT.
P.O. BOX 9692
NAPLES, FL 34101 US**

94083889

2. Principal Place of Business
Resort Management

3. Mailing Address
Resort Management

Suite, Apt., #, etc.
834 Bald Eagle Dr.

Suite, Apt., #, etc.
834 Bald Eagle Dr.

04132004 Chg-NP CR2E037 (10/03)

City & State
Marco Island, FL

City & State
Marco Island, FL

4. FEI Number
59-1647091

Zip
34145

Country
USA

Zip
34145

Country
USA

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, WHEELOCK
5860 18TH AVE. NW
NAPLES, FL 34119**

Name
David Lee

Street Address (P.O. Box Number is Not Acceptable)

5150 Tamiami Trl. North #501

City
Naples

FL

Zip Code
34103

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

David Leigh

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-04

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HANLEY, JAMES
2551 N SHORE RD
HADLEY, NY 12835** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BROWN, TONY
130 GRASSY KEY
NAPLES, FL 34114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DENNY, AUDREY
200 ISLAMORADA LN
NAPLES, FL 34114** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MAURAS, CHARLES
230 GRASSY KEY LANE
NAPLES, FL 34114** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
WIDMAIER, NANCY
240 ISLAMORADA LANE
NAPLES, FL 34114** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DANGLER, BUD
211 INDIAN KEY
NAPLES, FL 34114** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Scholz, Richard
271 Indian Key Lane
Naples, FL 34114** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Doback, Karen
110 Lime Key Lane
Naples, FL 34114** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Giansanti, Barbara
191 Ocean Reef Lane
Naples, FL 34114** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Cappiello, Pat
100 Lime Key Lane
Naples, FL 34114** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Anthony M. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

793-5761

715-5708

Daytime Phone #