## 2005 NOT-FOR-PRO ANNUAL

OFIT CORPORATION		Apr 19, 2005 8:00 am
REPORT		Secretary of State
		04-19-2005 90382 016 ****61.25

**DOCUMENT #733574** WEST WIND ESTATES CONDOMINIUM ASSOCIATION. INC. danorian Mailing Address Principal Place of Business RESORT MANAGEMENTT RESORT MANAGEMENTT 804 BALD EAGLE DR. 804 BALD EAGLE DR. MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. 03302005 Chq-NP CR2E037 (10/03) 4. FEI Number 59-1647091 City & State City & State Applied For nIRD Oor Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, DAVID Street Address (P.O. Box Number is Not Acceptable) 5150 TMIAMI TRAIL NORTH #501 NAPLES, FL 34103 Zip Code FL 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 arm familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VPD Delete 다 Change TITLE TITLE SCHOLZ, RICHARD Hanley NAME NAME 271 INDIAN KEY LANE STREET ADDRESS STREET ADDRESS Orean 70 NAPLES, FL 34114 CITY-ST-ZIP CITY-ST-ZIP TITLE TD Detete ☐ Change Addition BROWN, TONY Nowa Kaws Kii NAME NAME STREET ADDRESS 130 GRASSY KEY STREET ADDRESS Sugar NAPLES, FL 34114 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change — ☐ Addition -TITLE DOBECK, KAREN NAME NAME STREET ADDRESS 110 LIME KEY LANE STREET ADORESS Gras CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP Delete **U**-change Addition PΠ TITI F TITLE MAURAIS, CHARLES NAME NAME 290 Islamorada STREET ADDRESS 230 GRASSY KEY LANE STREET ADDRESS NAPLES, FL 34114 CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change GIANSANTI, BARBARA NAME NAME STREET ADDRESS 191 OCEAN REEF LANE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-7IP Delete Change TITLE ☐ Addition TITLE CAPPRELLO, PAT NAME NAME 100 LIME KEY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34114 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:

4-13-05

Daytime Phone #

Date