## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 733574**

1. Entity Name

## WEST WIND ESTATES CONDOMINIUM ASSOCIATION, INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90134 018 \*\*\*\*61.25

Principal Place of Business K&K MGMT. P.O. BOX 9892 NAPLES FL 34101 US			Mailing Address K&K MGMT. P.O. BOX 9692 NAPLES FL 34101 US					1)  41 <u>4</u> 1) 6)8	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State		4.	FEI Number <b>59-1647091</b>	· ·		plied For
Zip		Country	Zip	Country			\$	No 3.75 Add	t Applicable litional
	6 Name a	nd Address of Currer	ot Registered Agent	<u> </u>		Certificate of Status Desired  Name and Address of New F	- Fe	e Required	
	5. Isamo d	ind Address of Carlor	. Hogiolorea Agent	Name		Traine and Page 1000 or 1100 r	logiotorou rigi		
	HEELOCK	ing and the second of the sec		Street A	ddress (P.O.	P.O. Box Number is Not Acceptable)			
	BTH AVE. NWA S FL 34119	20.5							
	. *			City			FL	Zip Code	<del></del>
			for the purpose of changing it	s registered office or	registered a	gent, or both, in the State of Flo	orida. I am fam	iliar with,	and accept
the obliga	ations of register	ed agent.			,				
SIGNATURE	<u> </u>	•							
·		printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signatu	ure required when	reinstating)	DATE		
• .	•								
	FILE NOW:	FEI IS \$61.25	l i	mpaign Financing			ike Check P		
			) Trust Fund	Contribution.	LJ Ádd	led to Fees Florid	da Departm	ent of S	itate
10.		OFFICERS AND D	DIRECTORS	11.	ADDI	 ITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN	10
TITLE	VP	01710211071110	☐ Delete	TITLE		THOMO, ON INCIDENT OF THE		Change	Addition
NAME	HANLEY, JA	MES	Deloic	NAME	i		_		
STREET ADDRESS				STREET ADDRESS	ì				
CITY-ST-ZIP	HADLEY NY		•	CITY-ST-ZIP					
TITLE	TD				ı				
NAME	FOBES, WA		Delete	TITLE	TO			Change	Addition
STREET ADDRESS		YNE	🔀 Delete	TITLE NAME	TD Brow	W. TONY	<u> </u>	Change	Addition
CITY-ST-ZIP			🗖 Delete		TD Brow 130 @	IN, TONY GRASH Ken	[5	] Change	Addition
TITLE	LIVERPOOL	. DR	🗖 Delete	NAME	TD Brow 130 @ NAP	OLASY Key les, Pl. 34114	<u> </u>	] Change	Addition
NAME	LIVERPOOL D	DR NY 13088	Delete	NAME STREET ADDRESS	TD Brow 130 G NAP	IN, TONY GRASY Key les, Pl. 34114		Change	Addition
STREET ADDRESS	LIVERPOOL D DENNY, AUI	DR NY 13088 DREY		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD Brow 130 ( NAP)	IN, TONY 6 A TONY 10 Key 10 PL. 34114			
	DENNY, AUI 200 ISLAMO	DR NY 13088 DREY RADA LN		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD Brow 130 G NAP	IN, TONY BEATHY Key les, Pl. 34114			
	LIVERPOOL D DENNY, AUI 200 ISLAMO NAPLES FL	DR NY 13088 DREY RADA LN		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD Brow 130 ( NAP.	ou, Tony Scazy Key les, pl. 34114			
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	LIVERPOOL DENNY, AUI 200 ISLAMO NAPLES FL PD MAURAIS, C 230 GRASS'	DR NY 13088  DREY PRADA LN 34114  CHARLES Y KEY LANE	Delete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TD Brow 130 ( NAP	IN, TONY 6 CASSY Key 105, Pl. 34114		] Change	Addition
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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:

CATTISATIMETS ESTABLED

4-8-03

239 793 5761

CR2E037 (10/02)