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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 741270 (3)

1. Corporation Name  
INDIES WEST ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address  
2200 GULF SHORE BLVD. NORTH NAPLES FL 33940 2200 GULF SHORE BLVD. NORTH NAPLES FL 34102-4637

3. Date Incorporated or Qualified 12/30/1977 3a. Date of Last Report 07/02/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1789567 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHMAN, KENNETH W., JR.  
5801 PELICAN BAY BOULEVARD  
SUITE 405  
NAPLES FL 33963-2740

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE 2V [ ] DELETE 1.1 TITLE [ ] Change [ ] Addition  
NAME WILLITTS, BRUCE 1.2 NAME  
STREET ADDRESS 2206 GULFSHORE BLVD., N 1.3 STREET ADDRESS  
CITY-ST-ZIP NAPLES FL 1.4 CITY-ST-ZIP  
TITLE ~~IV~~ [X] DELETE 2.1 TITLE [ ] Change [X] Addition  
NAME ~~HANCOCK, BETTY~~ 2.2 NAME Bisset, Andrew  
STREET ADDRESS ~~2217 GULFSHORE BLVD, NORTH~~ 2.3 STREET ADDRESS 2228 Gulfshore Blvd., North  
CITY-ST-ZIP ~~NAPLES FL~~ 2.4 CITY-ST-ZIP Naples, FL 34102  
TITLE SD [ ] DELETE 3.1 TITLE [ ] Change [ ] Addition  
NAME CHAPMAN, ED 3.2 NAME  
STREET ADDRESS 2218 GULFSHORE BLVD. NORTH 3.3 STREET ADDRESS  
CITY-ST-ZIP NAPLES FL 33940 3.4 CITY-ST-ZIP  
TITLE TD [ ] DELETE 4.1 TITLE [ ] Change [ ] Addition  
NAME CROSBY, RALPH 4.2 NAME  
STREET ADDRESS 2204 GULFSHORE BLVD. NORTH 4.3 STREET ADDRESS  
CITY-ST-ZIP NAPLES FL 4.4 CITY-ST-ZIP  
TITLE PD [ ] DELETE 5.1 TITLE [ ] Change [ ] Addition  
NAME STEEN, SAMUEL 5.2 NAME  
STREET ADDRESS 2216 GULFSHORE BLVD., N 5.3 STREET ADDRESS  
CITY-ST-ZIP NAPLES FL 33940 5.4 CITY-ST-ZIP  
TITLE [ ] DELETE 6.1 TITLE [ ] Change [ ] Addition  
NAME 6.2 NAME  
STREET ADDRESS 6.3 STREET ADDRESS  
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do 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: SAMUEL G. STEEN JR. REQUIRED 2-7-97 941-434-2186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058673

CR2E037 (9/96)