

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741270 (3)**  
 1. Corporation Name  
**INDIES WEST ASSOCIATION, INCORPORATED**

Principal Place of Business <b>2200 GULF SHORE BLVD. NORTH NAPLES FL 33940</b>	Mailing Address <b>2200 GULF SHORE BLVD. NORTH NAPLES FL 33940</b>
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3. Date incorporated or Qualified <b>12/30/1977</b>	
4. FEI Number <b>59-1789567</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <i>Director</i> <input type="checkbox"/> DELETE	NAME <b>WILLITS, BRUCE</b>	1.1 TITLE <i>President - Director</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Willits, Bruce</b>
STREET ADDRESS <b>2206 GULF SHORE BLVD., N NAPLES FL</b>	CITY-ST-ZIP <b>NAPLES FL</b>	1.2 NAME	1.3 STREET ADDRESS <b>2206 Gulfshore Blvd, N</b>
TITLE <i>President</i> <input type="checkbox"/> DELETE	NAME <b>BISSETT, ANDREW</b>	1.4 CITY-ST-ZIP <b>Naples, Florida 34102</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2228 GULF SHORE BLVD., NORTH NAPLES FL</b>	CITY-ST-ZIP <b>NAPLES FL</b>	2.2 NAME	2.2 STREET ADDRESS
TITLE <i>Director</i> <input type="checkbox"/> DELETE	NAME <b>CHAPMAN, ED</b>	2.3 STREET ADDRESS	2.3 CITY-ST-ZIP
STREET ADDRESS <b>2218 GULF SHORE BLVD. NORTH NAPLES FL 33940</b>	CITY-ST-ZIP <b>NAPLES FL 33940</b>	2.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <i>Director</i> <input type="checkbox"/> DELETE	NAME <b>CROSBY, RALPH</b>	3.2 NAME	3.2 STREET ADDRESS
STREET ADDRESS <b>2204 GULF SHORE BLVD. NORTH NAPLES FL</b>	CITY-ST-ZIP <b>NAPLES FL</b>	3.3 STREET ADDRESS	3.3 CITY-ST-ZIP
TITLE <i>Director</i> <input checked="" type="checkbox"/> DELETE	NAME <b>STEEN, DANIEL</b>	3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2218 GULF SHORE BLVD. N NAPLES FL 33940</b>	CITY-ST-ZIP <b>NAPLES FL 33940</b>	4.2 NAME	4.2 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	4.3 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	5.2 STREET ADDRESS
		5.3 STREET ADDRESS	5.3 CITY-ST-ZIP
		5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	6.2 STREET ADDRESS
		6.3 STREET ADDRESS	6.3 CITY-ST-ZIP
		6.4 CITY-ST-ZIP	

14. 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 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: *[Signature]* **BRUCE WILLITS 2-13-98**

CR2E037 (10/97)