

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 03, 2009  
Secretary of State**

DOCUMENT# 741270

Entity Name: INDIES WEST ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

2200 GULF SHORE BLVD. NORTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

2200 GULF SHORE BLVD. NORTH  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 59-1789567      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROWN, JUDY A MANAGER  
2200 GULF SHORE BLVD. NORTH  
NAPLES, FL 34102      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: WINDSOR, CHARLES DR.  
Address: 2232 GULF SHORE BLVD. N #I-3  
City-St-Zip: NAPLES, FL 34102

Title: VP      ( ) Delete  
Name: HIGGINS, PRENTISS  
Address: 2258 GULF SHORE BLVD. N #O-1  
City-St-Zip: NAPLES, FL 34102

Title: S      ( ) Delete  
Name: SHORT, ELEANOR  
Address: 2220 GULF SHORE BLVD N #Q-1  
City-St-Zip: NAPLES, FL 34102

Title: T      ( ) Delete  
Name: HEPPE, DONALD  
Address: 2202 GULF SHORE BLVD. N. #F-1  
City-St-Zip: NAPLES, FL 34102

Title: D      ( ) Delete  
Name: RIDDLE, MARVIN  
Address: 2258 GULF SHORE BLVD. N. #O-2  
City-St-Zip: NAPLES, FL 34102

Title: D      ( ) Delete  
Name: GRANT, MARGARET  
Address: 2209 GULF SHORE BLVD. N.  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: HIGGINS, PRENTISS  
Address: 2258 GULF SHORE BLVD. N #O-1  
City-St-Zip: NAPLES, FL 34102

Title: VP      (X) Change ( ) Addition  
Name: WEST, WILLIAM  
Address: 2242 GULF SHORE BLVD. N #K-2  
City-St-Zip: NAPLES, FL 34102

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRENTISS HIGGINS

P

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date