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

## **DOCUMENT # 741270**

NAPLES FL 34102

1. Entity Name

## INDIES WEST ASSOCIATION, INCORPORATED



**FILED** Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90034 027 \*\*\*\*70.00

Principal Prace of Business 200 GULF SHORE BLVD, NORTH NAPLES FL 29949  2. Principal Prace of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & Sta	2200 GULF SHORE BLY NAPLES FL <del>80940</del>		2200 GULF SHORE BLVD.					
2. Principal Place of Business  Surie, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  34102  Country  34102  S. Name and Address of Current Registered Agent  RICHMAN, KENNETH W., JR.  Sent PELICAN BAY BOULEVARD  SUITE 405  NAPIES FL 33963-2740  8. The above named entity submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW: FEE IS \$61.25  POR, MIKE  NAME  DIRECTORS  INC.  NAME  DIRECTORS  RICHARDS  Street Address of New Registered Agent  NAME  Street Address of New Number is Not Acceptable)  Street Address of New Number is Not Acceptable)  Street Address of New Number is Not Acceptable)  Street Address of PO. Box Number is Not Acceptable)  Street Address of New Number is Not Acceptable)  Street Address of PO. Box Number is Not Acceptable)  Street Address of New Number is Not Acceptable)  Street Address of PO. Box Number is Not Acceptable)  Street Address of PO. Box Number is Not Acceptable)  Street Address of PO. Box Number is Not Acceptable)  Street Address of PO. Box Number is Not Acceptable)  Street Address of PO. Box Number is Not Acceptable)  Street Address of PO. Box Number is Not Acceptable)  Street Address of Not Number is Not Acceptable)  Street Address of Not Number is Not Acceptable)  DITE Not Number is Not Acceptable)  Name  DITE Not Number is Not Acceptable)  Name  DITE Not Number is Not Acceptable)  Name  Name  DITE Not Number is Not Acceptable)  Name  Name  DITE Not Number is Not Acceptable)  Name  Name  Name  DITE Not Number is Not Acceptable)  Name	NAPLES FL <del>33949</del>	U. NORTH						
Suite, Apt. #, etc.  City & State  Country  Signature  Experiment of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  File NOW: FEE IS \$61.25  POOR, MIKE  Signature  POOR, MIKE  Signature  POOR, MIKE  Signature  City & State  4. FEI Number 59-1789567  Applicable for Not Applicable  Sc. Certificate of Status Desired  Sc. Certifi	2. Principal Place of E		NAPLES FL-33940-	NORTH				
City & State  City & State  City & State  City & State  Country  Zip 34102  Country  Zip 34102  Country  S. Certificate of Status Desired  S. Service and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Name  Name  Street Address of New Registered Agent  Name		dusiness	3. Mailing Address					
Not Applicable   Substitute	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
Not Applicable   Substitute	City & State		City & State			4. FEI Number 59-1789567 Applied For		
S. Name and Address of Current Registered Agent    Name   Judy Ann Brown								
RICHMAN, KENNETH W., JR. S801 PELICAN BAY BOULEVARD SUITE 405 NAPLES FL 33963-2740  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Judy Ann Brown, Manager  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Signature, blood or primted name of registered agent and tole if applicable.  (NOTE: Registered Agent signifurar required when reinatating)  POOR, MIKE  TITLE  POOR, MIKE  2201 GULF SHORE BLVD. N  NAPLES FL 34102  TITLE  D  D  D  D  D  D  D  D  D  D  D  D  D			<del> </del>			5. Certificate of Status Desired		
RICHMAN, KENNETH W., JR.  5801 PELICAN BAY BOULEVARD  SUITE 405 NAPLES FL 33963-2740  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 am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  POOR, MIKE  NAME  POOR, MIKE  2201 GULF SHORE BLVD. N  NAPLES FL 34102  TITLE  D  STREET ADDRESS  STREET ADDRESS  PL Zin Code  2200 GULF Shore Blvd. N.  City Naples  FL Zin Code  2470 Z  Zin Co	6. N	ame and Address of Current F	Registered Agent	Nama		7. Name and Address of New Registe	ered Agent	
SUITE 405 NAPLES FL 33963-2740  200 Guy Shore Blud. N.  City Naples FL Zincode 34702  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 am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  POR, MIKE NAME POOR, MIKE STREET ADDRESS CITY-ST-ZIP NAME BISSETT, ANDREW STREET ADDRESS TITLE DIFFECT ADDRESS TITLE DIFFECT ADDRESS STREET ADDRESS	DICUMAN VENA	ICTU W ID		Name	Judy	Ann Brown		
SUITE 405 NAPLES FL 33963-2740  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Judy Ann Brown Manager Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME SIREET ADDRESS  221 GULF SHORE BLVD. N NAME BISSETT, ANDREW STREET ADDRESS  STREE				Street	Address (F	P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE July Ann Brown Manager Algorithms and the if applicable.  SIGNATURE Signature, typed or printed name of registered agent and tole if applicable.  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME STREET ADDRESS  2201 GULF SHORE BLVD. N  NAPLES FL 34102  TITLE NAME  BISSETT, ANDREW  2228 GULFSHORE BLVD., NORTH  STREET ADDRESS	SUITE 405				2200	Gulf Shore Blod. N	<u>.                                      </u>	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Judy Ann Brown Manager  SIGNATURE  SIGNATURE  SIGNATURE  JUDY Ann Brown Manager  SIGNATURE  SIGNATURE  JUDY Ann Brown Manager  SIGNATURE  SIGNATURE  SIGNATURE  JUDY Ann Brown Manager  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  JUDY Ann Brown Manager  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  JUDY Ann Brown Manager  SIGNATURE  SIGNATURE  SIGNATURE  JUDY Ann Brown Manager  SIGNATURE	NAPLES FL 3391	53-2740		City			FL Zip Code	102
SIGNATURE    Signature   Signa			the purpose of changing its	registered office			l am familiar with,	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE POOR, MIKE POOR, MIKE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34102  10. Delete TITLE Director Larry Eaton STREET ADDRESS CITY-ST-ZIP NAME BISSETT, ANDREW STREET ADDRESS	1 6	* .		2.	1	. h	. / /	
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  11ILE POOR, MIKE POOR, MIKE STREET ADDRESS 2201 GULF SHORE BLVD. N NAPLES FL 34102  11ILE D MAPLES	SIGNATURE JUA	When Drown N	MANAALY  nd title if applicable. (NOTE				4   15   D	<u> </u>
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE POOR, MIKE  NAME POOR, MIKE  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL 34102  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  NAME Larry Eaton  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL 34102  TITLE  D  TITLE  D  TITLE  D  TITLE  D  TITLE  NAME  STREET ADDRESS  STREET ADDR								<del></del>
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TITLE D  NAME  BISSETT, ANDREW  STREET ADDRESS  STREET ADDRESS  Divector  John Bonasia  2228 GULFSHORE BLVD., NORTH  STREET ADDRESS  STREET ADDRESS  Divector  John Bonasia  2256 Gulfshore Blvd. N.	<b>I</b>				Want	14. FL 34102		
NAME BISSETT, ANDREW STREET ADDRESS 2228 GULFSHORE BLVD., NORTH  NAME STREET ADDRESS 2256 GULFSHORE BLVD., NORTH		.012 04102	Z Delete		Divers	har .	Change	☐ Addition
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CITY-SI-ZIP I NAPIES EL L.		•	4		2254	GULSNOVE ISTUR. 11.		
		S.FL						
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STREET ADDRESS 2220 GULF SHORE BLVD N. STREET ADDRESS 2244 Gulfshore Blud. N.					2244	Suffshore Blud. N.		
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NAME TOWLE, ELISABETH STREET ADDRESS 2242 GULFSHORE BLVD - N.  NAME Bruce Willits 2206 Gulfshore Blvd. N					Bruce	William Rlud N		
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TITLE D Delete TITLE CHY-ST-ZIP WAPLES FL 34102 CHY-ST-ZIP Wap Ca, FC 34102.		EY, TOM GULF SHORE BLVD. N		NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE

239.241.8822