

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733574

Entity Name: WEST WIND ESTATES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109**Current Mailing Address:**ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109 US**FEI Number:** 59-1647091**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABILITY MANAGEMENT, INC.
ABILITY MANAGEMENT, INC.
6736 LONE OAK BLVD
NAPLES, FL 34109 US*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:** DENNIS LIVELY

04/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	GUNDERSON, KEN
Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	TREASURER
Name	STRONG, DENISE
Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	VP
Name	TETLAK, JAY
Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	SECRETARY
Name	CARR, JOHN
Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

Title	PRESIDENT
Name	GRAY, THOMAS
Address	ABILITY MANAGEMENT, INC. 6736 LONE OAK BLVD
City-State-Zip:	NAPLES FL 34109

I hereby 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 all other like empowered.

SIGNATURE: THOMAS GRAY

PRESIDENT

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date