

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733574

Entity Name: WEST WIND ESTATES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**301 JOSEPH LANE
NAPLES, FL 34114**Current Mailing Address:**6704 LONE OAK BLVD
NAPLES, FL 34109 US**FEI Number:** 59-1647091**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUARDIAN PROPERTY MANAGEMENT
6704 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:** BYRON LEE ROSS

03/31/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ALSTADT, LYNN
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title VICE PRESIDENT
Name YOUNG, LARRY
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title SECRETARY
Name ORTALDO, JOHN
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title TREASURER
Name KITTRELL, JOAN
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name WILLIAMS, RAYMOND
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name WREDE, RYLAND
Address 6704 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name GRAY, TOM
Address 6704 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: LYNN ALSTADT

PRESIDENT

03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date