

2015 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:**RESORT MANAGEMENT
815 BALD EAGLE DR., SUITE 201
MARCO ISLAND, FL 34145 US**FEI Number:** 59-1647091**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
4001 TAMiami TRAIL NORTH, SUITE 410
NAPLES, FL 34103 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	BROUWER, SUSIE
Address	201 OCEAN REEF LANE
City-State-Zip:	NAPLES FL 34114

Title	PRESIDENT
Name	ALL, JERRY
Address	291 LIME KEY LANE
City-State-Zip:	NAPLES FL 34114

Title	DIRECTOR
Name	JONES, DUDLEY
Address	261 ISLAMORADA LANE
City-State-Zip:	NAPLES FL 34114

Title	DIRECTOR
Name	ORTALDO, JOHN
Address	5694 GLENROCK DR
City-State-Zip:	FREDRICK MD 21703

Title	VP
Name	ALSTADT, LYNN
Address	1918 FRANKLIN PLACE
City-State-Zip:	MAIN TOWNSHIP PA 15108

Title	SECRETARY
Name	DOUGAN, JAMES
Address	P.O. BOX 545
City-State-Zip:	GOODLAND FL 34140

Title	DIRECTOR
Name	SHUDES, ROGER
Address	290 LIME KEY LANE
City-State-Zip:	NAPLES FL 34114

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: SUSIE BROUWER**TREAS****03/31/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date