

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733574

Entity Name: WEST WIND ESTATES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2335 TAMIAMI TRAIL N
#402
NAPLES, FL 34103**Current Mailing Address:**2335 TAMIAMI TRAIL N
#402
NAPLES, FL 34103 US**FEI Number:** 59-1647091**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAMBRIDGE MANAGEMENT OF SWFL
2335 TAMIAMI TRAIL N
#402
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:** JAMES FARESE

06/11/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BROUWER, SUSAN
Address 2335 TAMIAMI TRAIL N
 #402
City-State-Zip: NAPLES FL 34103

Title VP
Name GENDERSON, KEN
Address 2335 TAMIAMI TRAIL N
 #402
City-State-Zip: NAPLES FL 34103

Title SECRETARY
Name ORTALDO, JOHN
Address 2335 TAMIAMI TRAIL N
 #402
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name KITTRELL, JOAN
Address 2335 TAMIAMI TRAIL N
 #402
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name WECKELMAN, JENNIE
Address 2335 TAMIAMI TRAIL N
 #402
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name CARR, JOHN
Address 2335 TAMIAMI TRAIL N
 #402
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name DION, VIVIANNE
Address 2335 TAMIAMI TRAIL N
 #402
City-State-Zip: NAPLES FL 34103

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: SUSAN BROUWER

PRESIDENT

06/11/2020

Electronic Signature of Signing Officer/Director Detail

Date