

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741270

**FILED  
Mar 23, 2020  
Secretary of State  
3753070320CC**

**Entity Name:** INDIES WEST ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

2200 GULF SHORE BLVD. NORTH  
2200 GULF SHORE BLVD. N.  
NAPLES, FL 34102

**Current Mailing Address:**

2200 GULF SHORE BLVD. NORTH  
NAPLES, FL 34102

**FEI Number:** 59-1789567

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STROUSE, DAWN J MANAGER  
2200 GULF SHORE BLVD. NORTH  
NAPLES, FL 34102 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:** DAWN J STROUSE

03/23/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DELGADO, ALBERT  
Address 2221 GULF SHORE BLVD. N.  
UNIT #A-2  
City-State-Zip: NAPLES FL 34102

Title VP  
Name GOLDMAN, LYNNE  
Address 2222 GULF SHORE BLVD. N. #Q-3  
City-State-Zip: NAPLES FL 34102

Title S  
Name WHEELER, BETSY  
Address 2208 GULF SHORE BLVD. N. #H-4  
City-State-Zip: NAPLES FL 34102

Title T  
Name FEY, DAVID  
Address 2252 GULF SHORE BLVD N  
UNIT N-4  
City-State-Zip: NAPLES FL 34102

Title D  
Name RUSSELL, CHRISTOPHER  
Address 2236 GULF SHORE BLVD. N. #J-3  
City-State-Zip: NAPLES FL 34102

Title D  
Name WEST, WILLIAM  
Address 2242 GULF SHORE BLVD. N. #K-2  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name GREENWOOD, THOMAS  
Address 2224 GULF SHORE BLVD. N. #P-1  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name CLOUTIER, DENIS  
Address 2234 GULF SHORE BLVD N #I-1  
City-State-Zip: NAPLES FL 34102

**Continues on page 2**

*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:** ALBERT DELGADO

PRESIDENT

03/23/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           HAESLER, JOHN  
Address        2254 GULF SHORE BLVD #N-2  
City-State-Zip: NAPLES FL 34102

Title           DIRECTOR  
Name           FRANTZ, BILL  
Address        2205 GULF SHORE BLVD N #E-3  
City-State-Zip: NAPLES FL 34102