| Electronic Signature of Signing Officer/Director Detail   |           | Date     |
|---|-----------|----------|
| SIGNATURE: ALBERT DELGADO                                 | PRESIDENT | 03/27/20 |
| above, or on an attachment with all other like empowered. |           |          |

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

## **DOCUMENT# 741270**

Entity Name: INDIES WEST ASSOCIATION, INCORPORATED

#### **Current Principal Place of Business:**

2200 GULFSHORE BLVD. NORTH 2200 GULFSHORE BLVD. N. NAPLES, FL 34102

## **Current Mailing Address:**

2200 GULFSHORE BLVD, NORTH NAPLES, FL 34102

## FEI Number: 59-1789567

#### 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                 | E DAWN J STROUSE                         |                 | (                                 | 03/27/2018 |  |
|---------------------------|--|-----------------|-----------------------------------|------------|--|
|                           | Electronic Signature of Registered Agent |                 |                                   | Date       |  |
| Officer/Director Detail : |  |                 |                                   |            |  |
| Title                     | P  | Title           | VP                                |            |  |
| Name                      | DELGADO, ALBERT                          | Name            | POOR, MIKE                        |            |  |
| Address                   | 2221 GULFSHORE BLVD. N.                  | Address         | 2201 GULFSHORE BLVD. N. #F-4      | ļ          |  |
| City-State-Zip:           | UNIT #A-2<br>NAPLES FL 34102             | City-State-Zip: | NAPLES FL 34102                   |            |  |
| Title                     | S  | Title           | Т                                 |            |  |
| Name                      | S<br>WHEELER, BETSY                      | Name            | FEY, DAVID                        |            |  |
| Address                   | 2208 GULFSHORE BLVD. N. #H-4             | Address         | 2252 GULFSHORE BLVD N<br>UNIT N-4 |            |  |
| City-State-Zip:           | NAPLES FL 34102                          | City-State-Zip: | NAPLES FL 34102                   |            |  |
| Title                     | D  | Title           | D                                 |            |  |
| Name                      | RUSSELL, CHRISTOPHER                     | Name            | WEST, WILLIAM                     |            |  |
| Address                   | 2236 GULFSHORE BLVD. N. #J-3             | Address         | 2242 GULFSHORE BLVD. N. #K-2      | 2          |  |
| City-State-Zip:           | NAPLES FL 34102                          | City-State-Zip: | NAPLES FL 34102                   |            |  |
| Title                     | DIRECTOR                                 | Title           | DIRECTOR                          |            |  |
| Name                      | GREENWOOD, THOMAS                        | Name            | CLOUTIER, DENIS                   |            |  |
| Address                   | 2224 GULFSHORE BLVD. N. #P-1             | Address         | 2234 GULF SHORE BLVD N #I-1       |            |  |
| City-State-Zip:           | NAPLES FL 34102                          | City-State-Zip: | NAPLES FL 34102                   |            |  |

# Continues on page 2

Electronic Signature of Signing Officer/Director Detail

FILED Mar 27, 2018 Secretary of State CC8862880311

Certificate of Status Desired: Yes

7/2018

# **Officer/Director Detail Continued :**

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