

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715780** (3)

1. Corporation Name  
**NAPLES WEST WINDS, INC.**

Principal Place of Business <b>777 GULF SHORE BLVD. N. NAPLES FL 33940</b>	Mailing Address <b>777 GULF SHORE BLVD. N. NAPLES FL 34102-5324</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/31/1968</b>		3a. Date of Last Report <b>01/25/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1311799</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RATLIFF, EUGENE F. 777 GULF SHORE BLVD. NAPLES FL 33940</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADSWORTH, JOHN S JR</b>	1.2 NAME	
STREET ADDRESS	<b>777 GULF SHORE BLVD N</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADSWORTH, JOHN S</b>	2.2 NAME	
STREET ADDRESS	<b>84 SHAW LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT THOMAS, KY 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATLIFF, EUGENE F</b>	3.2 NAME	
STREET ADDRESS	<b>8412 SWANS WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS, IND 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEIER, PHILIP O JR</b>	4.2 NAME	
STREET ADDRESS	<b>6000 REDBIRD HOLLOW LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CINNINNATI, OHIO 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERRY, BRENDA L.</b>	5.2 NAME	
STREET ADDRESS	<b>777 GULF SHORE BLVD., N.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brenda L Berry Brenda L Berry 1-14-1997 (941)262-1578  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058417

CR2E037 (9/96)