## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1998	DIVISION OF C	ORPORATIONS	Secretary of State
DOCUMENT # 715780 (3)				
NAPLES WEST WINDS, INC.				
Principal Plac	ce of Business	Mailing Address		
777 GULF SHORE BLVD. N. 777 GULF SHORE BLVD. N. NAPLES FL 33940 NAPLES FL 33940			•	3. Date Incorporated or Qualified
				12/31/1968 4. FEI Number Applied For
				4. FEI Number Applied For Not Applied be
- '	Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
Suite, Apt.	# ato	Suite, Apt. #, etc.		Fee Required
22	. # <sub>1</sub> , 5(6,	27 Suite, Apt. #, etc.	•	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	le	City & State		7. Is this nonprofit corporation a homeowners association?
23		28	<del>-</del>	☐ Yes ☐ No
Zip	Country	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes No
	9. Name and Address of Current		301	10. Name and Address of New Registered Agent
			81 Name	
RATLIFF, EUGENE F.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
777 GULF SHORE BLVD. NAPLES FL 33940			83	
NAFLEC	5 FL 33940			
			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 famillar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
agent. I a	im familiar with, and accept the obligat	ions of, Section 617.0503, Flor	ida Statutes.	on's board of directors. Thereby accept the appointment as registered
SIGNATURE,	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	id when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	Wadsworth, John S Jr 777 Gulf Shore Blvd N		1,2 NAME	
STREET ADORESS  CITY-ST-ZIP	NAPLES, FL 00000		1.3 STHEET ADDRESS 1.4 City-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Wadsworth, John S		2.2 NAME	
STREET ADDRESS	84 SHAW LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	FT THOMAS, KY 00000 TD	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	. Change Addition
NAME	RATLIFF, EUGENE F		3.2 NAME	Change I Addition
STREET ADDRESS	8412 SWANS WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS, IND 00000		3.4. CITY-ST-ZIP	
TITLE	DVP	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GEIER, PHILIP O JR 6000 REDBIRD HOLLOW LANE		4, 2 NAME	
STREET ADDRESS CITY-ST-ZIP	CINNCINNATI, OHIO 00000		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE	AST	DELETE	5.1 TITLE	Change Addition
NAME	BERRY, BRENDA L.		5.2 NAME	·
STREET ADDRESS	777 GULF SHORE BLVD., N.		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	DELETE	5.4 CITY-ST-ZIP	
TITLE NAME		רון הברכוב	6.1 TITLE 6.2 NAME	L Change Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	,

6.4 CITY - ST - ZIP 14. I 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.

**FILED** 

Jan 21 1998 8:00am