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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 715780

1. Corporation Name

NAPLES WEST WINDS, INC.

Principal Place of Business  
777 GULF SHORE BLVD. N.  
NAPLES FL 33940

Mailing Address  
777 GULF SHORE BLVD. N.  
NAPLES FL 33940



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/31/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1311799	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RATLIFF, EUGENE F. 777 GULF SHORE BLVD. NAPLES FL 33940				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

SIGNATURE: *Brenda L Berry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 941-262-1578  
Date Daytime Phone #

CR2E037 (11/98)