

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 11, 2008  
Secretary of State**

DOCUMENT# 720509

**Entity Name:** SOUTHWIND APARTMENTS OF NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

511 BROAD AVENUE, S.  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

511 BROAD AVENUE, S.  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 59-1365564      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FANALE, ANTHONY  
543 BROAD AVE. SOUTH  
NAPLES, FL 34102 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BARRY, THOMAS  
Address: 513 BROAD AVENUE S.  
City-St-Zip: NAPLES, FL 34102

Title: D      ( ) Delete  
Name: FANALE, ANTHONY  
Address: 543 BROAD AVE. SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D      ( ) Delete  
Name: WICKE, FRED  
Address: 535 BROAD AVE., S.  
City-St-Zip: NAPLES, FL 34102

Title: D      ( ) Delete  
Name: RONALD, WILSON  
Address: 527 BROAD AVENUE S.  
City-St-Zip: NAPLES, FL 34102

Title: D      ( ) Delete  
Name: BUCHERT, THOMAS  
Address: 545 BROAD AVENUE S.  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANTHONY W. FANALE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

03/11/2008

\_\_\_\_\_  
Date