


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90072 021 ****61.25

DOCUMENT # 729324

1. Entity Name
GULF WESTWIND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 16681 MCGREGOR BLVD SUITE 104 FORT LYERS, FL 33908 US	Mailing Address 16681 MCGREGOR BLVD SUITE 104 FORT LYERS, FL 33908 US
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40107900



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04022007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2043610	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TOP-MANAGEMENT OF SOUTHWEST FL, INC.
 16681 MCGREGOR BLVD
 SUITE 104
 FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	2VD	<input type="checkbox"/> Delete
NAME	BOLZ, HELLA	
STREET ADDRESS	3045 ESTERO BLVD. #2-3	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	PFAFF, JOHN J	
STREET ADDRESS	3045 ESTERO BLVD. #8 4	
CITY-ST-ZIP	FORT MYERS BCH, FL 33931	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARAVELLA, AL	
STREET ADDRESS	3045 ESTERO BLVD. B6	
CITY-ST-ZIP	FT. MYERS BCH, FL 33931	
TITLE	SDTD	<input type="checkbox"/> Delete
NAME	MARTIN, JOHN	
STREET ADDRESS	3045 ESTERO BLVD, #5 3	
CITY-ST-ZIP	FT MYERS BEACH, FL 33931	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MCINTOSH, PAT	
STREET ADDRESS	3045 ESTERO BLVD. D1	
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: AL Caravella AL Caravella 4/30/07 239-466-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #