


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90029 018 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2043610	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOP MANAGEMENT OF SOUTHWEST FL, INC. 16681 MCGREGOR BLVD SUITE 104 FORT MYERS, FL 33908			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	2VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOLZ, HELLA		NAME		
STREET ADDRESS	3045 ESTERO BLVD. #2-3		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	1VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PFAFF, JOHN J		NAME		
STREET ADDRESS	3045 ESTERO BLVD. #8 4		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BCH, FL 33931		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARAVELLA, AL		NAME		
STREET ADDRESS	3045 ESTERO BLVD. B8		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS BCH, FL 33931		CITY-ST-ZIP		
TITLE	SDTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, JOHN		NAME		
STREET ADDRESS	3045 ESTERO BLVD. #5 3		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCINTOSH, PAT		NAME		
STREET ADDRESS	3045 ESTERO BLVD. D1		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS BEACH, FL 33931		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowerments.					
SIGNATURE: <i>Alfred Caravello</i>		Date: 3/24/08		Daytime Phone #: 234-466-3330	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

No changes for 2008