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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 733574

1. Corporation Name

WEST WIND ESTATES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US	K+K mgmt P.O. Box 9692 Naples, Fl 34101
1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34103 US	K+K mgmt. P.O. Box 9692 Naples, Fl 34101

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 08/14/1975

4. FEI Number: 59-1647091 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SOUTHWEST PROPERTY, MANAGEMENT
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 33940

K+K mgmt
P.O. Box 9692
Naples, Fl 34101

10. Name and Address of New Registered Agent

81 Name: K+K mgmt. Ken Wheelock

82 Street Address (P.O. Box Number is Not Acceptable): P.O. Box 9692 — 5860 18th Ave. N.W.

83 City: Naples, Fl 34101 — Naples, Fl 34119

84 City: Florida — FL — 85 Zip Code: 34101

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: Shirley M. Romano — SHIRLEY M. ROMANO — 3/19/99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VP	☑ Change ☐ Addition
NAME	TALLEY, CAM		1.2 NAME	LAWRENCE PERRY	
STREET ADDRESS	200 PINE KEY LANE		1.3 STREET ADDRESS	195 OCEAN REEF LANE	
CITY-ST-ZIP	NAPLES FL 34114		1.4 CITY-ST-ZIP	Naples, Fl 34114	
TITLE	D.	☐ DELETE	2.1 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	TRASK, JERRY		2.2 NAME	YVONNE KOCKHOF	
STREET ADDRESS	290 PINE KEY LANE		2.3 STREET ADDRESS	281 OCEAN REEF LANE	
CITY-ST-ZIP	NAPLES FL 34114		2.4 CITY-ST-ZIP	NAPLES, Fl 34114	
TITLE	TD	☒ DELETE	3.1 TITLE	TREASURER	☑ Change ☐ Addition
NAME	PALARDY, YOLANDA		3.2 NAME	CARL NUCCIO	
STREET ADDRESS	250 OCEAN REEF LN		3.3 STREET ADDRESS	291 INDIAN KEY LANE	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, Fl 34114	
TITLE	PD	☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	ROMANO, SHIRLEY		4.2 NAME	AUDREY DENNY	
STREET ADDRESS	281 ISLANORADA LANE		4.3 STREET ADDRESS	200 ISLAMORADA LANE	
CITY-ST-ZIP	NAPLES FL 34114		4.4 CITY-ST-ZIP	Naples, Fl 34114	
TITLE	SD	☒ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	ALICE LITTLE		5.2 NAME	RON COOK	
STREET ADDRESS	150 OCEAN REEF LANE		5.3 STREET ADDRESS	180 GRASSY KEY LANE	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples, Fl 34114	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ELEAZER, JUANITA		6.2 NAME		
STREET ADDRESS	240 LIME KEY LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Shirley M. Romano AUTHORIZED REPRESENTATIVE — 3/19/99 Date — 941-774-5704 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR