

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90471 004 ****61.25

DOCUMENT # 733574					
1. Entity Name WEST WIND ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business RESORT MANAGEMENT 834 BALD EAGLE DR. MARCO ISLAND, FL 34145 US			Mailing Address RESORT MANAGEMENT 834 BALD EAGLE DR. MARCO ISLAND, FL 34145 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 59-1647091	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARLER, GREGORY W ESQ. BECKER & POLIAKOFF, P.A. 4501 TAMiami TRAIL NORTH - SUITE 214 NAPLES, FL 34103			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 <input checked="" type="checkbox"/> P NAME SCHOLZ, RONALD STREET ADDRESS 271 INDIAN KEY LANE CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Scholz, Richard STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> D NAME NOWAKAWSKI, ANN STREET ADDRESS 160 SUGAR LOAF LN CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Wood, James STREET ADDRESS 171 Ocean Reef Lane CITY-ST-ZIP Naples, FL 34114		
TITLE <input checked="" type="checkbox"/> D NAME SALMON, JODY STREET ADDRESS 271 GRASSY KEY LN CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Jones, Dudley STREET ADDRESS 261 Islamorada Lane CITY-ST-ZIP Naples, FL 34114		
TITLE <input checked="" type="checkbox"/> D NAME ALSTADT, NORMA STREET ADDRESS 290 ISLAMORADA LN CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Dangler, Devon STREET ADDRESS 211 Indian Key Lane CITY-ST-ZIP Naples, FL 34114		
TITLE <input checked="" type="checkbox"/> VP NAME CARR, JOHN STREET ADDRESS 12714 NORTH 1225 WEST CITY-ST-ZIP MONTICELLO, IN 47960	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Carr, John STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> T NAME BROWN, ANTHONY STREET ADDRESS 130 GRASSY KEY LN CITY-ST-ZIP NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DiStefano, Michael STREET ADDRESS 100 Lime Key Lane CITY-ST-ZIP Naples, FL 34114		
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: <i>Michael DiStefano</i> michael DiStefano 4/10/07 775-5708 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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