

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 JUN 20 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26042 (4)
 1 Corporation Name
 Windward Cay Homeowners Association Inc.

Principal Place of Business Mailing Address
 c/o Nancy A. Thorsen SAME
 4001 Tamiami Trail No.
 Naples, FL 33940

21	Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	County	30	County

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/22/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0120410	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/> \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 Nancy A. Thorsen Second Vice President
 Northern Trust Bank of Florida
 4001 Tamiami Trail North
 Naples, FL 33940

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

*1. Pursuant to the provisions of Sections 617.0302 and 617.1808, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	Thorsen, Nancy A.
STREET ADDRESS	4001 Tamiami Trail North
CITY - ST - ZIP	Naples, FL 33940
TITLE	P/D
NAME	Hayes, Webb C.
STREET ADDRESS	620 Second Street South
CITY - ST - ZIP	Naples, FL 33940
TITLE	V/D
NAME	Koch, Roger
STREET ADDRESS	180 Sixth Avenue South
CITY - ST - ZIP	Naples, FL 33940
TITLE	V/D
NAME	Larson, Anne K.
STREET ADDRESS	640 Second Street South
CITY - ST - ZIP	Naples, FL 33940
TITLE	S/T/D
NAME	Hall, Linda
STREET ADDRESS	600 Second Street South
CITY - ST - ZIP	Naples, FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(4), 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. My address is _____

SIGNATURE: _____ DATE: 5/16/95 TIME: 813-262-8800
By _____ SECRETARY OF STATE