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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N26042 (4)  
1. Corporation Name  
WINDWARD CAY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O NANCY A. THORSEN  
4001 TAMiami TRAIL NORTH  
NAPLES FL 33940  
C/O NANCY A. THORSEN  
4001 TAMiami TRAIL NORTH  
NAPLES FL 34103-3556

3. Date Incorporated or Qualified 04/22/1988  
3a. Date of Last Report 05/01/1996  
4. FEI Number 65-0120410  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
THORSEN, NANCY A. TRUST OFFICER  
NORTHERN TRUST BANK OF FLORIDA/NAPLES  
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 FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                          |  |
|----------------------------|--------------------------|--|
| TITLE                      | D                        | <input type="checkbox"/> DELETE            |
| NAME                       | THORSEN, NANCY A.        |  |
| STREET ADDRESS             | 4001 TAMiami TRAIL NORTH |  |
| CITY-ST-ZIP                | NAPLES FL                |  |
| TITLE                      | PTD                      | <input type="checkbox"/> DELETE            |
| NAME                       | HAYES, WEBB C.           |  |
| STREET ADDRESS             | 620 SECOND STREET SOUTH  |  |
| CITY-ST-ZIP                | NAPLES FL                |  |
| TITLE                      | VD                       | <input checked="" type="checkbox"/> DELETE |
| NAME                       | KOCH, ROGER              |  |
| STREET ADDRESS             | 180 SIXTH AVE SOUTH      |  |
| CITY-ST-ZIP                | NAPLES FL                |  |
| TITLE                      | VD                       | <input checked="" type="checkbox"/> DELETE |
| NAME                       | LARSON, ANNE K           |  |
| STREET ADDRESS             | 640 SECOND STREET SOUTH  |  |
| CITY-ST-ZIP                | NAPLES FL                |  |
| TITLE                      | SD                       | <input checked="" type="checkbox"/> DELETE |
| NAME                       | HALL, LINDA              |  |
| STREET ADDRESS             | 600 SECOND STREET SOUTH  |  |
| CITY-ST-ZIP                | NAPLES FL                |  |
| TITLE                      |                          | <input type="checkbox"/> DELETE            |
| NAME                       |                          |  |
| STREET ADDRESS             |                          |  |
| CITY-ST-ZIP                |                          |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |  |
|---|---------------------|--|
| 1.1 TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |                     |  |
| 1.3 STREET ADDRESS                                    |                     |  |
| 1.4 CITY-ST-ZIP                                       |                     |  |
| 2.1 TITLE   | VP D                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  | Webb C. Hayes       |  |
| 2.3 STREET ADDRESS                                    | 620 Second St. So.  |  |
| 2.4 CITY-ST-ZIP                                       | Naples, FL 34102    |  |
| 3.1 TITLE   | D VP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  | William C. Stafford |  |
| 3.3 STREET ADDRESS                                    | 180 Sixth Ave. So.  |  |
| 3.4 CITY-ST-ZIP                                       | Naples, FL 34102    |  |
| 4.1 TITLE   | S                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  | Richard M. Vogel    |  |
| 4.3 STREET ADDRESS                                    | 640 Second St. So.  |  |
| 4.4 CITY-ST-ZIP                                       | Naples, FL 34102    |  |
| 5.1 TITLE   | D P                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  | Fred Hall           |  |
| 5.3 STREET ADDRESS                                    | 600 Second St. S.   |  |
| 5.4 CITY-ST-ZIP                                       | Naples, FL 34102    |  |
| 6.1 TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |                     |  |
| 6.3 STREET ADDRESS                                    |                     |  |
| 6.4 CITY-ST-ZIP                                       |                     |  |

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ Northern Trust Bank of Florida, N.A. \_\_\_\_\_

CR2E037 (9/96)