

FILE NOW: FILING FEE IS \$61.25

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**May 04 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26042
 1. Corporation Name
 Windward Cay Homeowners' Association, INC

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified
 04/22/1988

4. FEI Number
 65-0120410

Applied For
 Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 90 Fred Hall Suite, Apt. #, etc.	26 ← SAME Suite, Apt. #, etc.
22 3333 Ten Broeck Way City & State	27 City & State
23 Louisville, Kentucky Zip Country	28 Zip Country
24 40241 25 USA	29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

Thorsen, Nancy A. Trust Officer
 Northern Trust Bank of FL/Naples
 4001 Tamiami Trail North
 Naples, FL 34103

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

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 _____ DATE _____
Signature: Typed or printed name of registered agent and date, if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	PD William C. Stafford
1.3 STREET ADDRESS	180 Sixth Ave So.
1.4 CITY-ST-ZIP	Naples, FL 34102
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP D Richard Vogel
2.3 STREET ADDRESS	640 Second St. So.
2.4 CITY-ST-ZIP	Naples, FL 34102
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T D Fred Hall
3.3 STREET ADDRESS	600 Second St. So.
3.4 CITY-ST-ZIP	Naples, FL 34102
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S D Webb Hayes
4.3 STREET ADDRESS	620 Second St. So.
4.4 CITY-ST-ZIP	Naples, FL 34102
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Nancy A. Thorsen
5.3 STREET ADDRESS	4001 Tamiami Trail N.
5.4 CITY-ST-ZIP	Naples, FL 34103
6.1 TITLE	<input type="checkbox"/> Addition
6.2 NAME	400002510944
6.3 STREET ADDRESS	-0545703--01075--020
6.4 CITY-ST-ZIP	*\$61.25

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.

SIGNATURE: Fred B. Hall, Treasurer Fred Hall Date: 4-23-98 Daytime Phone #: 502 228-8821

CR2E037 (10/97)