

FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N26042

1. Corporation Name  
WINDWARD CAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business  
C/O FRED HALL  
3333 TEN BROECK WAY  
LOUISVILLE KY 40241

Mailing Address  
C/O FRED HALL  
3333 TEN BROECK WAY  
LOUISVILLE KY 40241



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/22/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0120410	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>-\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip	Country	Zip	Country	Trust Fund Contribution	
24		25		29	
				30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THORSEN, NANCY A. TRUST OFFICER NORTHERN TRUST BANK OF FLORIDA/NAPLES 4001 TAMiami TRAIL NORTH NAPLES FL 34103				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAFFORD, WILLIAM C		1.2 NAME		
STREET ADDRESS	180 SIXTH AVE S		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		1.4 CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOGEL, RICHARD		2.2 NAME		
STREET ADDRESS	640 SECOND STREET SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, FRED		3.2 NAME		
STREET ADDRESS	600 SECOND ST S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, WEBB		4.2 NAME		
STREET ADDRESS	620 SECOND ST SO		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		4.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THORSON, NANCY A		5.2 NAME		
STREET ADDRESS	4001 TAMiami TRAIL N		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Franklin J. LeBouvier Treasurer 1-26-99 502 228-8821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)