

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90093 015 \*\*\*\*61.25

**DOCUMENT # N26042**

1. Entity Name

**WINDWARD CAY HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

C/O FRED HALL  
 3333 TEN BROECK WAY  
 LOUISVILLE KY 40241-2429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0120410**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. 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**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD STAFFORD, WILLIAM C**  
 STREET ADDRESS **180 SIXTH AVE S**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD VOGEL, RICHARD**  
 STREET ADDRESS **640 SECOND STREET SOUTH**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  Change  Addition  
 NAME **SD Richard Vogel**  
 STREET ADDRESS **640 Second St. South**  
 CITY-ST-ZIP **Naples, FL 34102**

TITLE  Delete  
 NAME **TD HALL, FRED**  
 STREET ADDRESS **600 SECOND ST S.**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD HAYES, WEBB**  
 STREET ADDRESS **620 SECOND ST SO**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE  Change  Addition  
 NAME **VPD Inge Myers**  
 STREET ADDRESS **620 Second St. South**  
 CITY-ST-ZIP **Naples, FL 34102**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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: Fred Hall, Treasurer **Fred Hall**

2-24-2000 (502) 412-9079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)