

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90126 027 \*\*\*\*61.25

**DOCUMENT # N26042**  
 1. Entity Name  
**WINDWARD CAY HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business C/O FRED HALL 333 TEN BROECK WAY LOUISVILLE KY 40241	Mailing Address C/O FRED HALL 3333 TEN BROECK WAY LOUISVILLE KY 40241
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>65-0120410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**THORSEN, NANCY A. TRUST OFFICER**  
**NORTHERN TRUST BANK OF FLORIDA/NAPLES**  
**4001 TAMiami TRAIL NORTH**  
**NAPLES FL 34103**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

FILE NAME STAFFORD, WILLIAM C	<input type="checkbox"/> Delete
STREET ADDRESS 180 SIXTH AVE S	
CITY-ST-ZIP NAPLES FL 34102	
FILE NAME VOGEL, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS 640 SECOND STREET SOUTH	
CITY-ST-ZIP NAPLES FL 34102	
FILE NAME HALL, FRED	<input type="checkbox"/> Delete
STREET ADDRESS 600 SECOND ST S.	
CITY-ST-ZIP NAPLES FL 34102	
FILE NAME MYERS, INGE	<input type="checkbox"/> Delete
STREET ADDRESS 620 SECOND ST. SOUTH	
CITY-ST-ZIP NAPLES FL 34102	
FILE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
FILE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 **Fred Hall** **2-4-02** **502 412-9079**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)