


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N30204** (4)

1. Corporation Name

LEEWARD CAY AT WINDSTAR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~2375 TAMiami TRAIL NORTH~~

~~SUITE 308~~

~~NAPLES FL 34103-4489~~

~~US~~

~~2375 TAMiami TRAIL NORTH~~

~~SUITE 308~~

~~NAPLES FL 34103-4489~~

~~US~~

3. Date Incorporated or Qualified
01/17/1989

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0108431

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples FL
34104

Country

USA

Naples FL
34104

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWELL, WILLIAM
4400 CORPORATE SQUARE #186
NAPLES FL 33942

Newell, William
4400 Corporate Square
Naples FL 34104

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 617.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

William Newell, Manager
3/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **JD** ☒ DELETE

NAME **MONGE, ROBERT**
STREET ADDRESS **4453 YACHT HARBOR DR.**
CITY-ST-ZIP **NAPLES FL**

TITLE **JD** ☒ DELETE

NAME **MACALUSO, THOMAS**
STREET ADDRESS **4703 YACHT HARBOR DR.**
CITY-ST-ZIP **NAPLES FL**

TITLE **JD** ☐ DELETE

NAME **GARFIELD, MAYNARD**
STREET ADDRESS **4551 YACHT HARBOR DR.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Pessereau, Herb**

1.3 STREET ADDRESS **4451 YACHT HARBOR DRIVE**

1.4 CITY-ST-ZIP **NAPLES FL 34102**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **Rousseau, Rod**

2.3 STREET ADDRESS **4552 YACHT HARBOR DRIVE**

2.4 CITY-ST-ZIP **NAPLES FL 34102**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **Bartfield, Maynard**

3.3 STREET ADDRESS **4551 YACHT HARBOR DRIVE**

3.4 CITY-ST-ZIP **NAPLES FL 34102**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 if changed, or on an attachment with an address.

CR2E037 (9/96)