

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30204

1. Entity Name

LEEWARD CAY AT WINDSTAR HOMEOWNERS ASSOCIATION,

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90295 031 ****61.25

Principal Place of Business

Mailing Address

4148A CORPORATE SQ
NAPLES FL 34104
US

4148A CORPORATE SQ
NAPLES FL 34104-4753
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0108431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, WILLIAM
4148A CORPORATE SQ
NAPLES FL 34104

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	<input checked="" type="checkbox"/> Delete
NAME	NAIMAN, BEVERLY
STREET ADDRESS	4751 YACHT HARBOR DR.
CITY-ST-ZIP	NAPLES FL 34104
TITLE	<input type="checkbox"/> Delete
NAME	OLDFIN, DIANE
STREET ADDRESS	4401 YACHT HARBOR DR
CITY-ST-ZIP	NAPLES FL 34104
TITLE	<input checked="" type="checkbox"/> Delete
NAME	GARFIELD, MAYNARD
STREET ADDRESS	4861 YACHT HARBOR DR.
CITY-ST-ZIP	NAPLES FL 34112
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oldfin, Diane
STREET ADDRESS	4401 Yacht Harbor Drive
CITY-ST-ZIP	Naples FL 34112
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Long, Morris
STREET ADDRESS	4478 Yacht Harbor Drive
CITY-ST-ZIP	Naples FL 34112
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carter, Bud
STREET ADDRESS	4501 Yacht Harbor Drive
CITY-ST-ZIP	Naples FL 34112
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Diane Oldfin, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000

6434884

Date

Daytime Phone #