2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State **DOCUMENT # N30204** 1. Entity Name 05-16-2001 90203 007 ****61.25 LEEWARD CAY AT WINDSTAR HOMEOWNERS ASSOCIATION, Principal Place of Business Mailing Address 4148A CORPORATE SQ 4148A CORPORATE SQ NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0108431 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required ·7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **NEWELL, WILLIAM** 4148A CORPORATE SQ NAPLES FL 34104 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE Delete TITLE NAME -OLDFIN, DIANE NAME STREET ADDRESS STREET ADDRESS 4401 YACHT HARBOR DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Change Addition TITLE Delete NAME NAME long, morris STREET ADDRESS STREET ADDRESS 44/3 YACHT HARBOR DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Addition TITLE Delete TITLE NAME NAME CARTER, BUD > STREET ADDRESS STREET ADDRESS 4501 YACHT HARBOR DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP