

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

900001486589 -05/12/95--01122--024 \*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
--------------------------------	---	--

DOCUMENT # P94000064714 (6)  
1. Corporation Name  
SOUTHPOINTE AT WINDSTAR MARINA ASSOCIATION, INC.

Principal Place of Business 4100 HALDERMAN CREEK DR. NAPLES FL 33962	Mailing Address 4100 HALDERMAN CREEK DR. NAPLES FL 33962
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/26/1994	3a. Date of Last Report
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3303993	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent PRICE, R. SCOTT 2840 GOLDEN GATE PARKWAY SUITE 315 NAPLES FL 33942	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code
--	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	WICKSTRAND, RICHARD 4100 HALDERMAN CREEK DR. NAPLES FL 33962	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	HANSON, SUSAN 4100 HALDERMAN CREEK DR. NAPLES FL 33962	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MOE, DARCY 4100 HALDERMAN CREEK DR. NAPLES FL 33962	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	D/T Magnelli, Donna 4100 Haldeman Creek Drive Naples, FL 33962 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	D/V Schultz, Edwin W. 4100 Haldeman Creek Drive Naples, FL 33962 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. R. Wickstrand 2/27/95 813-774-2300

5/1/95 MS