

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified

08/26/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26 1044 Castello Drive

4. FEI Number

59-3303993

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Suite #206

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28 Naples, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

29 33940

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, R. SCOTT
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 33942

81 Name
Southwest Property Management Corp.

82 Street Address (P.O. Box Number is Not Acceptable)

1044 Castello Drive

83 Suite #206

84 City
Naples

FL

85 Zip Code
33940

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

Harold E. Williams

(NOTE: Registered Agent Signature required when filing this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WICKSTRAND, RICHARD	
STREET ADDRESS	4100 HALDERMAN CREEK DR.	
CITY - ST - ZIP	NAPLES FL 33962	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HANSON, SUSAN	
STREET ADDRESS	4100 HALDERMAN CREEK DR.	
CITY - ST - ZIP	NAPLES FL 33962	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAGNELLI, DONNA	
STREET ADDRESS	4100 HALDERMAN CREEK DR.	
CITY - ST - ZIP	NAPLES FL 33962	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, EDWIN W	
STREET ADDRESS	4100 HALDERMAN CREEK DRIVE	
CITY - ST - ZIP	NAPLES FL 33962	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Delete
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	100001788101
53 STREET ADDRESS	-04/22/96--01019--018
54 CITY - ST - ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

941-774-2300

CR2E034 (12/95)