

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14218 (4)

1. Corporation Name

WESTSHORE AT NAPLES CAY CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

40 SEAGATE DRIVE
NAPLES FL 33940
US

40 SEAGATE DRIVE
NAPLES FL 33940
US

3. Date Incorporated or Qualified
04/08/1986

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0103704

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, BRADY H.
40 SEAGATE DR
NAPLES FL 33940

81 Name

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

83

84 City

FL

85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME VIRGINIA, CULLMAN
STREET ADDRESS 50 SEAGATE DR PH 2
CITY-ST-ZIP NAPLES FL

☒ DELETE

1.1 TITLE PD
1.2 NAME Mitchell, William
1.3 STREET ADDRESS 50 Seagate Dr. #1003
1.4 CITY-ST-ZIP Naples FL 33940

☐ Change ☒ Addition

TITLE VD
NAME BUD, GRUTZA T.R.
STREET ADDRESS 50 SEAGATE DRIVE #601
CITY-ST-ZIP NAPLES FL

☐ DELETE

2.1 TITLE D
2.2 NAME Towell, Nancy
2.3 STREET ADDRESS 50 Seagate Dr #603
2.4 CITY-ST-ZIP Naples, FL 33940

☐ Change ☒ Addition

TITLE SD
NAME CINCO, DENISE
STREET ADDRESS 50 SEAGATE DRIVE #1004
CITY-ST-ZIP NAPLES FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME FRIEDMAN, MARTAN DR.
STREET ADDRESS 50 SEAGATE DR.
CITY-ST-ZIP NAPLES FL

☐ DELETE

4.1 TITLE Friedman, Morton, DR.
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 100001772031

☒ Change ☐ Addition

TITLE D
NAME HASTING, JOHN
STREET ADDRESS 50 SEAGATE DR.
CITY-ST-ZIP NAPLES FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SAPHAR, EDWIN
STREET ADDRESS 50 SEAGATE DR.
CITY-ST-ZIP NAPLES FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96 941-262-1568
Daytime Phone #

CR2E037 (12/95)