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Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14218** (4)

1. Corporation Name

**WESTSHORE AT NAPLES CAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**50 SEAGATE DRIVE  
NAPLES FL 33940  
US**

**50 SEAGATE DRIVE  
NAPLES FL 33940  
US**

2. Principal Place of Business

**21 50 SEAGATE DRIVE**

2a. Mailing Address

**26 50 SEAGATE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 NAPLES, FL**

City & State

**28 NAPLES, FL**

Zip

**24 34103**

Country

**25 COLLIER**

Zip

**29 34103**

Country

**30 COLLIER**

9. Name and Address of Current Registered Agent

**SCOTT, BRADY H.  
40 SEAGATE DR  
NAPLES FL 34103**

3. Date Incorporated or Qualified

**04/08/1986**

4. FEI Number

**65-0103704**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**81 BRADY, SCOTT H.**

**82 40 SEAGATE DRIVE**

**83**

**84 NAPLES**

**FL**

**85 34103**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**VD  
MITCHELL, WILLIAM  
50 SEAGATE DR #1003  
NAPLES FL**

TITLE ☐ DELETE

**D  
GRUTZA, T R  
4401 GULF SHORE BLVD, #301  
NAPLES FL**

TITLE ☒ DELETE

**D  
CINCO, DENISE  
50 SEAGATE DRIVE #1004  
NAPLES FL**

TITLE ☐ DELETE

**TSD  
FRIEDMAN, MORTON DR.  
50 SEAGATE DRIVE, #403  
NAPLES FL**

TITLE ☒ DELETE

**D  
HASTING, JOHN  
50 SEAGATE DR.  
NAPLES FL**

TITLE ☐ DELETE

**PD  
SAPHAR, EDWIN  
50 SEAGATE DR.  
NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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 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

Date

Daytime Phone #

4-6-98 941-262-1568

CR2E037 (10/97)

## **NonProfit Corporation Annual Report - 1998**

<b>Title</b>	<b>D</b>
<b>Name</b>	<b>Gastreich, Patricia</b>
<b>Street Address</b>	<b>50 Seagate Drive #1201</b>
<b>City-St-Zip</b>	<b>Naples, FL</b>