

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N14218	
1. Entity Name WESTSHORE AT NAPLES CAY CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 50 SEAGATE DR NAPLES, FL 34103 US	Mailing Address 50 SEAGATE DR NAPLES, FL 34103 US



03172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0103704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SAMOUCE, ROBERT C
800 LAUREL OAK DRIVE
SUITE 300
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, WILLIAM 50 SEAGATE DR #1003 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONASSO, RUSSELL 50 SEAGATE DRIVE #101 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, DAVID 50 SEAGATE DR. #803 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOWARD, LEONARD 50 SEAGATE DRIVE #1203 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORDLAND, CANDY 50 SEAGATE DRIVE #201 NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAPHAR, EDWIN 50 SEAGATE DR #704 NAPLES, FL

**DO NOT WRITE
IN THIS SPACE**

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04/08/08-80028-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #