

**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 # N36714 (6)**  
1. Corporation Name  
**WEYBRIDGE CONDOMINIUM ASSOCIATION OF NAPLES, INC**



Principal Place of Business Mailing Address  
C/O ARTHUR L. CANADA P. O. BOX 11209 NAPLES FL 33941  
C/O ARTHUR L. CANADA P. O. BOX 11209 NAPLES FL 33941

3. Date Incorporated or Qualified **02/15/1990** 3a. Date of Last Report **04/19/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0199721</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

CANADA, ARTHUR L.  
283 OAK AVE.  
NAPLES FL 33963

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT CANADA, ARTHUR L. P. O. BOX 11209 N/A NAPLES FL	1.1 TITLE	P/D PAUL Cawgill
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1542 Weybridge Cir
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NAPLES FL 33942
TITLE	DVP WILSON, GARY	2.1 TITLE	T/D
NAME		2.2 NAME	TOM H. CURCIO
STREET ADDRESS	1100 5TH AVE. S.	2.3 STREET ADDRESS	1525 Weybridge Cir.
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	NAPLES FL 33942
TITLE	D BUTZ, THOMAS	3.1 TITLE	S/D
NAME		3.2 NAME	DOBOOTHY ANDERSON
STREET ADDRESS	1573 WEYBRIDGE CIRCLE	3.3 STREET ADDRESS	1605 Weybridge Cir
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES FL 33942
TITLE		4.1 TITLE	D
NAME		4.2 NAME	BRENIE LITTY
STREET ADDRESS		4.3 STREET ADDRESS	1540 Weybridge Cir.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NAPLES FL 33942
TITLE		5.1 TITLE	D
NAME		5.2 NAME	JACK CONNOLLY
STREET ADDRESS		5.3 STREET ADDRESS	1581 Weybridge Cir
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NAPLES FL 33942
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 941-597-3340  
Date Daytime Phone #

CR2E037 (12/95)