

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36714 (6)**  
1. Corporation Name  
**WEYBRIDGE CONDOMINIUM ASSOCIATION OF NAPLES, INC**



Principal Place of Business <b>C/O ARTHUR L. CANADA P. O. BOX 11209 NAPLES FL 33941</b>	Mailing Address <b>C/O ARTHUR L. CANADA P. O. BOX 11209 NAPLES FL 34101-1209</b>
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3. Date Incorporated or Qualified <b>02/15/1990</b>	3a. Date of Last Report <b>04/19/1996</b>
4. FEI Number <b>65-0199721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent  
**CANADA, ARTHUR L.  
283 OAK AVE.  
NAPLES FL 33963**

10. Name and Address of New Registered Agent  
81 Name **Leo Williams**  
82 Street Address (P.O. Box Number is Not Acceptable) **Pelican Bay Property Mgmt.**  
83 **709 103rd AVE N.**  
84 City **Naples** FL 85 Zip Code **33942**

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: *James E. [Signature]* DATE: **4/16/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAUL CAWGILL</b>	
STREET ADDRESS	<b>1542 WEYBRIDGE CIR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TOM H. CURICIO</b>	
STREET ADDRESS	<b>1525 WEYBRIDGE CIR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOROTHY ANDERSON</b>	
STREET ADDRESS	<b>1603 WEYBRIDGE CIR (E)</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ERNIE LITTY</b>	
STREET ADDRESS	<b>1540 WEYBRIDGE CIR (E)</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JACK CONNOLLY</b>	
STREET ADDRESS	<b>1581 WEYBRIDGE CIR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Richard Rosen</b>	
1.3 STREET ADDRESS	<b>1553 Weybridge Circle</b>	
1.4 CITY-ST-ZIP	<b>Naples, FL. 34110</b>	
2.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>James Vogt</b>	
2.3 STREET ADDRESS	<b>1599 Weybridge Circle</b>	
2.4 CITY-ST-ZIP	<b>Naples, FL. 34110</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *James E. [Signature]* DATE: **4/9/97** TIME: **774-1412**

CR2E037 (9/96)