

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 C/O ARTHUR L. CANADA P. O. BOX 11209 NAPLES FL 33941	Mailing Address C/O ARTHUR L. CANADA P. O. BOX 11209 NAPLES FL 33941
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3. Date Incorporated or Qualified 02/15/1990	
4. FEI Number 65-0199721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Weybridge Condo Assn INC Suite/Apt. #, etc.	2a. Mailing Address 26 Weybridge Condo Assn INC Suite/Apt. #, etc.
22 1521 Weybridge Cir. City & State	27 P.O. Box 11209 City & State
23 Naples FL Zip Country	28 Naples FL Zip Country
24 34110 25 U.S.A.	29 34101 30 U.S.A.

9. Name and Address of Current Registered Agent

**WILLIAMS, LEO
PELICAN BAY PROPERTY MGMT.
709 103RD AVE. N.
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL 34108

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]* DATE: **4-9-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, RICHARD	1.2 NAME	RICHARD ROSEN
STREET ADDRESS	1553 WEYBRIDGE CIR.	1.3 STREET ADDRESS	1553 WEYBRIDGE CIR
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FL
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGT, JAMES	2.2 NAME	
STREET ADDRESS	1599 WEYBRIDGE CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOROTHY ANDERSON	3.2 NAME	SHIRLEY STARR
STREET ADDRESS	1603 WEYBRIDGE CIR. E.	3.3 STREET ADDRESS	1577 WEYBRIDGE CIR
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES FL
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNIE LITTY	4.2 NAME	
STREET ADDRESS	1540 WEYBRIDGE CIR. E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK CONNOLLY	5.2 NAME	JOHN C. BARRY
STREET ADDRESS	1581 WEYBRIDGE CIR	5.3 STREET ADDRESS	1558 WEYBRIDGE CIR
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	NAPLES FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: **4/13/98** 941-774-1142

CR2E037 (10/97)