

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36714

FILED
Apr 26, 2005
Secretary of State

Entity Name: WEYBRIDGE CONDOMINIUM ASSOCIATION OF NAPLES, INC.

Current Principal Place of Business:

WEYBRIDGE CONDO ASSON. INC.
1521 WEYBRIDGE CIRCLE
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

WEYBRIDGE CONDO. ASSN. INC.
P. O. BOX 11209
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0199721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
4993 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DUKE, JAMES
Address: 1595 WAYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: PD () Delete
Name: BERRY, JOHN
Address: 1558 WAYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: HELSEL, SHANA
Address: 1562 WEYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: PETCHOCK, GEORGE
Address: 1546 WEYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: O'CONNOR, DAVID
Address: 1593 WEYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BYRD, MARCIA
Address: 1521 WAYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BARRY

PD

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date