

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36714

FILED
Apr 17, 2009
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:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 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
4985 TAMIAMI TRAIL E.
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: PD () Delete
Name: SMITH, ANNETTE
Address: 1597 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: VD () Delete
Name: HELSEL, SHANA
Address: 1597 WEYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: HOFFMAN, CARLETON
Address: 1601 WEYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: DUKE, JIM
Address: 1595 WEYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: AGARDI, MICHAEL
Address: 1550 WEYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: SD (X) Change () Addition
Name: DOTTS, DORIS
Address: 1583 WEYBRIDGE CIRCLE
City-St-Zip: NAPLES, FL 34110

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANNETTE SMITH

PD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date