

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90251 006 ****61.25

DOCUMENT # N37172

1. Corporation Name

THE CLUB AT NAPLES CAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

40 SEAGATE DR
NAPLES FL 34103
US

Mailing Address

P O BOX 11209
NAPLES FL 34101
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/21/1990

4. FEI Number

65-0189561

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HART, STEPHEN P
COLLIER FINANCIAL INC
4985 E TAMiami TRAIL
NAPLES FL 34113

10. Name and Address of New Registered Agent

81 BRADY, SCOTT H.

82 Street Address (P.O. Box Number is Not Applicable)

2291 JYC BOULEVARD

83

84 City NAPLES

FL

85 34109

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)

4-13-99

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D JAMES MORRIS
6970 E. PINE GROVE RD.
BLOOMINGTON IN

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MILD, PATRICIA
2238 BERRYWOOD DR
AKRON OH

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD DEMARCO, PAUL
6653 E WILLOW AVE
SYRACUSE IN 46567

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD ROBERT WRAY
40 SEAGATE DR. # 302
NAPLES FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VPD HIRSCHOVITS, FRED
7152 BELL MANOR COVE
GERMANTOWN TN

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

PD MILO, PATRICIA
2238 BERRYWOOD DRIVE
AKRON, OH

PD DEMARCO, PAUL
6653 E. WILLOW AVENUE
SYRACUSE, IN 46567

SD BRICKSEN, DONALD
900 REDWOOD LANE
NEW BRANTON, MN 55112

D TORELL, BRUCE
40 SEAGATE DRIVE #1101
NAPLES, FL 3403

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4/13/99

941-597-3900

CR2E037-11/98