

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90005 002 ****61.25

DOCUMENT # N37172

1. Entity Name

THE CLUB AT NAPLES CAY CONDOMINIUM ASSOCIATION,

Principal Place of Business

**40 SEAGATE DRIVE
 NAPLES FL 34103
 US**

Mailing Address

**40 SEAGATE DRIVE
 NAPLES FL 34103
 US**

040440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0189561

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COHAN, BRETT
 40 SEAGATE DRIVE
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Robert C. Samouce, Esq.**
 Street Address (P.O. Box Number is Not Acceptable) **800 Laurel Oak Drive**
Suite 300
 City **Naples** Zip Code **FL 34108**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME **JAMES MORRIS**
 STREET ADDRESS **6970 E. PINE GROVE RD.**
 CITY-ST-ZIP **BLOOMINGTON IN**

TITLE ☐ Change ☐ Addition
 NAME **TD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **MILIC PATRICIA**
 STREET ADDRESS **2238 BERRYWOOD DR**
 CITY-ST-ZIP **AKRON OH**

TITLE ☒ Change ☐ Addition
 NAME **Milo, Patricia**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **DEMARCO, PAUL**
 STREET ADDRESS **6653 E WILLOW AVE**
 CITY-ST-ZIP **SYRCAUSE IN 46567**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TORELL, BRUCE**
 STREET ADDRESS **40 SEAGATE DR. #1101**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ Addition
 NAME **VD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ERICKSEN, DONALD**
 STREET ADDRESS **900 RED WOOD LN**
 CITY-ST-ZIP **NEW BRIGHTON MN 55112**

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **New Brighton**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **I**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **SD Suzanne Riccardi**
 STREET ADDRESS **4308 Terri-Lyn Lane**
 CITY-ST-ZIP **Northbrook, IL 60062**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Donald Erickson** **REQUIDED** **4-27-01 651-633-6068**

CR2E037 (10/00)