


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N37172		
1. Entity Name THE CLUB AT NAPLES CAY CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 40 SEAGATE DRIVE NAPLES, FL 34103 US	Mailing Address 40 SEAGATE DRIVE NAPLES, FL 34103 US	



03142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0189561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SAMOUCE, ROBERT C ESQ
800 LAUREL OAK DRIVE SUITE 300
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000863376
04/03/08-80088-022 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILWORTH, ROBERT 40 SEAGATE DR, #801 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTH, SAMUEL 40 SEAGATE DRIVE PH 3 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTIN, JAMES 40 SEAGATE DRIVE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAIN, FRANK 40 SEAGATE DRIVE PH2 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONALD, RICHARD 40 SEAGATE DRIVE 303 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08

Date

262-1568

Daytime Phone #