

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N48538** (5)

1. Corporation Name  
**WEST SHORE VILLAS OF NAPLES OWNERS' ASSOCIATION, INC.**



Principal Place of Business: **4874 WEST BLVD. NAPLES FL 33940**  
Mailing Address: **4874 WEST BLVD. NAPLES FL 33940**

3. Date Incorporated or Qualified: **04/22/1992**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business <b>4864 West Blvd</b>	22. Mailing Address <b>4864 West Blvd</b>	4. FEI Number <b>65-0336790</b>	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State <b>Naples FL</b>	28. City & State <b>Naples, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip <b>33940</b>	25. Country <b>Collier</b>	29. Zip <b>33940</b>	30. Country <b>Collier</b>

9. Name and Address of Current Registered Agent <b>MEYER, SANDRA L 4874 WEST BLVD. NAPLES FL 33940</b>		10. Name and Address of New Registered Agent	
81. Name <b>Karolyn Cooney</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>4864 West Blvd.</b>	83.	84. City <b>Naples</b>
		85. Zip Code <b>FL 33940</b>	

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: **Karolyn Cooney** Treasurer **Karolyn Cooney** 4/10/96  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>DPC</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>COONEY, JOHN</b>	1.1 TITLE: <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: <b>Cooney, John</b>
STREET ADDRESS: <b>4864 WEST BLVD.</b>	CITY-ST-ZIP: <b>NAPLES FL 33940</b>	1.3 STREET ADDRESS: <b>4864 West Blvd.</b>	1.4 CITY-ST-ZIP: <b>Naples, FL 33940</b>
TITLE: <b>TD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>MEYER, SANDRA L.</b>	2.1 TITLE: <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: <b>Orton, Dwight</b>
STREET ADDRESS: <b>4874 WEST BLVD.</b>	CITY-ST-ZIP: <b>NAPLES FL 33940</b>	2.3 STREET ADDRESS: <b>4862 West Blvd.</b>	2.4 CITY-ST-ZIP: <b>Naples, FL 33940</b>
TITLE: <b>SD</b> <input checked="" type="checkbox"/> DELETE	NAME: <b>MCHUGH, DOLLY</b>	3.1 TITLE: <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: <b>Cooney, Karolyn</b>
STREET ADDRESS: <b>4866 WEST BLVD.</b>	CITY-ST-ZIP: <b>NAPLES FL 33940</b>	3.3 STREET ADDRESS: <b>4864 West Blvd.</b>	3.4 CITY-ST-ZIP: <b>Naples, FL 33940</b>
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <b>Hobgood, Molly</b>
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS: <b>4868 West Blvd.</b>	4.4 CITY-ST-ZIP: <b>Naples, FL 33940</b>
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS: <b>100001812521</b>	5.4 CITY-ST-ZIP: <b>-05/08/96--01008--040</b>
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS: <b>***61.25</b>	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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.

SIGNATURE: **Karolyn Cooney** Treasurer **4-10-96** **941-#34-5873**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)