FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

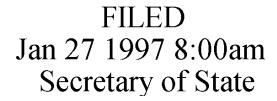
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

WEST SHORE VILLAS OF NAPLES OWNERS' ASSOCIATION, INC.





Principal Plac	e of Business	Mailing Address				I ANI SHIN I I I I I I I I I	
4864 WEST BLVD. 4864 WEST BLVD.							
NAPLES FL 33		NAPLES FL 34103-3055					
					3. Date Incorporated or Qualified 04/22/1992	3a. Date of La: 05/01	st Report /1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0336790		Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	5 Additional Required
City & State		City & State	├ ──		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z:p	Country 25	Zip 29	Coun	try	This corporation has liability for Florida Statutes	intangible tax und ☐ Yes ☐ No	er s. 199.032,
	9. Name and Address of Cur		<u> </u>		10. Name and Address of New Re		<u>.</u>
				Name			
COONEY, KAROLYN				B2 Street Add	dress (P.O. Box Number is Not Acceptal	ble)	
4874 WEST BLVD. NAPLES FL 33940			la la	33			
NAPLEX	5 FL 33840			B4 City		85	Zip Code
					rporation submits this statement for the attended to the atten		
12.		AND DIRECTORS	13.		(Jed when reinstating) ADDITIONS/CHANGES TO OFFI		
TITLE NAME	D/V COONEY, JOHN	☐ DELETE	1.1 TITU 1.2 NAN]		☐ Char	ge 🔲 Addition
STREET ADDRESS	4864 WEST BLVD.			EET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940			Y-ST-ZIP			
TITLE	D/P	☐ DELETE	2.1 TITL			Char	nge Addition
NAME	OXTON, DWIGHT		2.2 NA)	AE .			
STREET ADDRESS	4862 WEST BLVD.			EET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940	DELETE	2. 4 CH	Y-ST-ZIP		Char	ge Addition
TITLE NAME	D/T COONEY, KAROLYN	bttelle	3.1 HIL				An L'I voquolii
STREET ADDRESS	4864 WEST BLVD			EET ADDRESS		3,4	
CITY-ST-ZIP	NAPLES FL 33940		3.4. CIT	Y-ST-ZIP			
TITLE	D/S	☐ DELETE	4.1 TITL	E		☐ Char	ge Addition
NAME	HOBGOOD, MOLLY		4.2 NA	ME			
STREET ADDRESS	4868 WEST BLVD.			EET ADDRESS			
CITY-ST-ZIP TITLE	NAPLES FL 33940	DELETE	4.4 CIT	Y-ST-ZIP		Char	nge Addition
NAME		- octob	5.2 NAM			J. J	<u> </u>
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y - ST - 7iP			
TITLE		☐ DELETE	6.1 TITL			☐ Char	ge Addition
NAME			62 NA	AE .			
STREET ADDRESS				EET ADDRESS			
CITY - ST - ZIP			6.4 CIT	Y-ST-ZIP			

14. I do 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

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