

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2000 8:00 am
Secretary of State

01-21-2000 90095 012 ****61.25

DOCUMENT # N48538

1. Entity Name

WEST SHORE VILLAS OF NAPLES OWNERS' ASSOCIATION,

P

Principal Place of Business

4864 WEST BLVD.
 NAPLES FL 34103
 US

Mailing Address

4864 WEST BLVD.
 NAPLES FL 34103
 US

2. Principal Place of Business

4862 WEST BLVD CT.
 Suite, Apt. #, etc.

3. Mailing Address

4862 WEST BLVD CT.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Naples, FL

City & State
 NAPLES, FL 34103

4. FEI Number
 65-0336790

Applied For
 Not Applicable

Zip
 34103

Country
 Collier

Zip
 34103

Country
 Collier

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARY JO OKTON
~~COONEY, KAROLYN~~
 4874 WEST BLVD.
 NAPLES FL 34103

*(850-487-6059)
 #2*

7. Name and Address of New Registered Agent

Name: MARY JO OKTON
 Street Address (P.O. Box Number is Not Acceptable): 4862 WEST BLVD CT.
 City: NAPLES, FL Zip Code: 34103

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: *Mary Jo Okton*

8/7/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE	D/V	<input checked="" type="checkbox"/> Delete
NAME	COONEY, JOHN	
STREET ADDRESS	4864 WEST BLVD.	
CITY-ST-ZIP	NAPLES FL 33949	
TITLE	D/P	<input checked="" type="checkbox"/> Delete
NAME	OXTON, DWIGHT	
STREET ADDRESS	4862 WEST BLVD.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D/T	<input checked="" type="checkbox"/> Delete
NAME	COONEY, KAROLYN	
STREET ADDRESS	4864 WEST BLVD.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	HOBGOOD, MOLLY	
STREET ADDRESS	4868 WEST BLVD.	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONEY, JOHN	
STREET ADDRESS	4864 WEST BLVD CT.	
CITY-ST-ZIP	NAPLES, FL. 34103	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON MEYER	
STREET ADDRESS	4874 WEST BLVD CT.	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY JO OKTON	
STREET ADDRESS	4862 WEST BLVD CT.	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLLY HOBGOOD	
STREET ADDRESS	4868 WEST BLVD CT.	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mary Jo Okton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00 941-430-6583
 Date Daytime Phone #

CR2E037 (5/00)

DOC # N48338

19395

WEST SHORE VILLAS HOMEOWNERS ASSOC
4874 WEST BLVD
NAPLES, FL 33940

803839 1235

63-6171670

Pay to the
Order of

Jan 11, 2000
Department of State
sixty one and 25/100



Fifth Third Bank of Florida
NAPLES BANKING CENTER
4009 TAMMAM TRAIL NORTH PO BOX 413021
NAPLES, FL 33941-3021

Equal Housing Lender

For Corp de WSVA

John T. Conroy
Mary Jo Brown

⑆067091719⑆

836 52580

1235 ⑆0000006125⑆

PRESTIGE

ENDORSE HERE:

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
AGCT# 1009668796

DO NOT SIGN JAN 20 2000

JAN 24 00

NATIONAL BANK JAN 01/24/00
1000000074 6838 98 P2

066000109
050257839
050257839 01-25-00

JA

FIFTH THIRD BANK
CINCINNATI, OHIO

⑆001402⑆