

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90035 044 \*\*\*\*61.25

**DOCUMENT # N48538**  
 1. Entity Name  
**WEST SHORE VILLAS OF NAPLES OWNERS' ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**4868 WEST BLVD CT. NAPLES FL 34103 US**



2. Principal Place of Business 3. Mailing Address  
**2335 9th ST. No #505**

1st MOORE CR2E037 (10/05)

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**#505**

4. FEI Number **65-0336790** Applied For  
 Not Applicable

City & State City & State  
**NAPLES FL**

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

Zip Country Zip Country  
**34103 COLLIER**

6. Name and Address of Current Registered Agent  
**HOBGOOD, WILLIAM P  
 4868 WEST BLVD CT.  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent  
 Name **GULF VIEW PROPERTY MGMT**  
 Street Address (P.O. Box Number is Not Acceptable) **2335 9th ST. NO. #505**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William P. Hoberg* PRES DATE **3-14-06**  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOBGOOD, WILLIAM P	
STREET ADDRESS	4868 WEST BLVD CT.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURKE, JEROME J	
STREET ADDRESS	4870 WEST BLVD CT.	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEMISAW, MICHELE	
STREET ADDRESS	4864 WEST BLVD CT	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	TREASURER/DIR	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMISAY, MICHELE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMISAY, PETER	
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Section 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 or without other like empowered.

SIGNATURE: *William P. Hoberg* PRESIDENT DATE: **239-403-7991**