

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000005601**

1. Entity Name

KETCH CAY AT WINDSTAR RESIDENTS' ASSOCIATION, IN**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90945 042 ****61.25

0072161

Principal Place of Business

2073 J AND C BLVD
NAPLES FL 34109
US

Mailing Address

PO BOX 110339
NAPLES FL 34108
US**757108**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0542041

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KUETER, BEVERLY
%SUNBURST MGMT
2073 J AND C BLVD
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
STELIK, RITA ☐ Delete
1762 YORK IS. DR.
NAPLES FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP ☐ Delete
FINK, JOHN
1713 YORK IS DR
NAPLES FL-33963TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP ☐ Delete
SCOTT, NORMAN
4994 CHRISTINA CT
NAPLES FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP ☐ Delete
HOLFELDER, DIETER
1724 YORK IS DR
NAPLES FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS ☐ Delete
SCHALLER, DARYL
1709 YORK IS. DR.
NAPLES FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****4/25/01****941-591-2040**

Date

Daytime Phone #

CR2E037 (10/00)