

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005601

FILED
Apr 19, 2004
Secretary of State

Entity Name: KETCH CAY AT WINDSTAR RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

4306 ARNOLD AVE.
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 65-0542041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVE.
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: HARRIS, MARTHA
Address: 1721 YORK ISLAND DR.
City-St-Zip: NAPLES, FL

Title: DP () Delete
Name: FINK, JOHN
Address: 1713 YORK IS DR
City-St-Zip: NAPLES, FL 33963

Title: DST () Delete
Name: SNORE, JOHN
Address: 1737 YORK ISLAND RD.
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: SCOTT, NORMAN
Address: 4994 CHRISTINA CT.
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: MEISTER, WOLFGANG
Address: 1741 YORK ISLAND DR.
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: FIELDSDA, WAYNE
Address: 4978 BOLLARD CT
City-St-Zip: NAPLES, FL

Title: DS (X) Change () Addition
Name: VINCENT, CAROLYN
Address: 1786 YORK ISLAND RD.
City-St-Zip: NAPLES, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: MEISTER, WOLFGANG
Address: 1741 YORK ISLAND DR.
City-St-Zip: NAPLES, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE FIELDSDA

DP

04/19/2004

Electronic Signature of Signing Officer or Director

Date