

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005601

FILED  
Apr 23, 2009  
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: DALE, ROBERT  
Address: 4970 BOLLARD COURT  
City-St-Zip: NAPLES, FL 34112

Title: DT ( ) Delete  
Name: HOLT, ERIC  
Address: 1761 YORK ISLAND DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete  
Name: LLOYD, BARBARA  
Address: 1781 YORK ISLAND DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: DP ( ) Delete  
Name: BECKANSTIN, ALAN  
Address: 1777 YORK ISLAND DRIVE  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DALE, ROBERT  
Address: 4970 BOLLARD COURT  
City-St-Zip: NAPLES, FL 34112

Title: DS (X) Change ( ) Addition  
Name: TRIPP, BRAD  
Address: 4974 BOLLARD COURT  
City-St-Zip: NAPLES, FL 34112

Title: DVP (X) Change ( ) Addition  
Name: SCHMITZ, NORMAN  
Address: 4982 CHRISTINA COURT  
City-St-Zip: NAPLES, FL 34112

Title: DP (X) Change ( ) Addition  
Name: DOBSON, RICHARD  
Address: 1733 YORK ISLAND DRIVE  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD DOBSON

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04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date