

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90191 022 \*\*\*\*61.25

**DOCUMENT # N94000005601**

1. Entity Name

**KETCH CAY AT WINDSTAR RESIDENTS' ASSOCIATION, IN C.**



Principal Place of Business

~~2073 J AND C BLVD~~  
~~NAPLES FL 34109~~  
~~US~~

Mailing Address

PO BOX 110339  
NAPLES FL 34108  
US

2. Principal Place of Business

**4306 ARNOLD Ave.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

Zip

**34104**

Country

**US**

Zip

Country

4. FEI Number **65-0542041**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee 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)

**4306 ARNOLD Ave.**

City

**NAPLES**

FL

Zip Code

**34104**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE ~~DT~~ ☒ Delete  
NAME **STEHLIK, RITA**  
STREET ADDRESS **1762 YORK IS. DR**  
CITY-ST-ZIP **NAPLES FL**

TITLE **DP** ☐ Delete  
NAME **FINK, JOHN**  
STREET ADDRESS **1713 YORK IS DR**  
CITY-ST-ZIP **NAPLES FL 33963**

TITLE ~~DVP~~ ☐ Delete  
NAME **SNORE, JOHN**  
STREET ADDRESS **1737 YORK ISLAND RD.**  
CITY-ST-ZIP **NAPLES FL**

TITLE ~~D~~ ☒ Delete  
NAME ~~RECTOR, ALAN~~  
STREET ADDRESS **1781 YORK ISLAND DR.**  
CITY-ST-ZIP **NAPLES FL**

TITLE ~~DS~~ ☒ Delete  
NAME **SCHALLER, DARYL**  
STREET ADDRESS **1709 YORK IS. DR.**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Change ☒ Addition  
NAME **HARRIS, MARTHA**  
STREET ADDRESS **1721 YORK ISLAND DR.**  
CITY-ST-ZIP **NAPLES, FL**

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

TITLE **D, ST** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **SCOTT, NORMAN**  
STREET ADDRESS **4994 CHRISTINA CT.**  
CITY-ST-ZIP **NAPLES, FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **MEISTER, WOLFGANG**  
STREET ADDRESS **1741 YORK ISLAND DR.**  
CITY-ST-ZIP **NAPLES, FL**

TITLE ☐ Change ☐ 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:

**MARTHA HARRIS**

**4/12/03 239-263-7403**

CR2E037 (10/02)