

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36714

**FILED**  
**Mar 28, 2019**  
**Secretary of State**  
**7378019418CC**

**Entity Name:** WEYBRIDGE CONDOMINIUM ASSOCIATION OF NAPLES, INC.

**Current Principal Place of Business:**

WEYBRIDGE CONDO ASSON. INC.  
1584 WEYBRIDGE CIRCLE  
NAPLES, FL 34110

**Current Mailing Address:**

COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E.  
NAPLES, FL 34113 US

**FEI Number:** 65-0199721

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HART, STEPHEN P  
COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL E.  
NAPLES, FL 34113 US

*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

**Officer/Director Detail :**

Title TSD  
Name STEPHENS, GREGORY  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E.  
City-State-Zip: NAPLES FL 34113

Title D  
Name METZLER, RICHARD  
Address C/O COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL E.  
City-State-Zip: NAPLES FL 34113

Title D  
Name KILMARTIN, KATHLEEN  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title VPD  
Name MONTEITH, BRUCE  
Address C/O COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL E.  
City-State-Zip: NAPLES FL 34113

Title D  
Name PELLERIN, DEBBIE  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL EAST  
City-State-Zip: NAPLES FL 34113

Title PD  
Name RUSSO, KRISTINE  
Address 1584 WEYBRIDGE CIRCLE  
City-State-Zip: NAPLES FL 34110

Title D  
Name NEZI, JOE  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

*I hereby 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 all other like empowered.*

**SIGNATURE:** KRISTINE RUSSO

**PRESIDENT**

**03/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date