

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36714

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

**FILED**  
**Mar 26, 2024**  
**Secretary of State**  
**4520424778CC**

**Current Principal Place of Business:**

C/O JOHN C. JOANIES CPA PA  
7345 DAVIS BLVD. SUITE 2  
NAPLES, FL 34104

**Current Mailing Address:**

C/O JOHN C. JOANIES CPA PA  
7345 DAVIS BLVD. SUITE 2  
NAPLES, FL 34104 US

**FEI Number: 65-0199721**

**Certificate of Status Desired: No**

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

JOHN C. JOANIDES CPA PA  
C/O JOHN C. JOANIES CPA PA  
7345 DAVIS BLVD. SUITE 2  
NAPLES, FL 34104 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: JOHN C. JOANIDES**

**03/26/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name BARRY, LAURA  
Address C/O JOHN JOANIDES CPA  
7345 DAVIS BLVD. SUITE 2  
City-State-Zip: NAPLES FL 34104

Title D  
Name CLEEK, DAVID  
Address C/O JOHN JOANIDES CPA  
7345 DAVIS BLVD. SUITE 2  
City-State-Zip: NAPLES FL 34104

Title PRESIDENT  
Name MONTEITH, BRUCE  
Address C/O JOHN JOANIDES CPA  
7345 DAVIS BLVD. SUITE 2  
City-State-Zip: NAPLES FL 34104

Title D  
Name PAPPAS, GEORGE  
Address C/O JOHN JOANIDES CPA  
7345 DAVIS BLVD. SUITE 2  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name TIPPLE, BRIAN  
Address C/O JOHN JOANIDES CPA  
7345 DAVIS BLVD. SUITE 2  
City-State-Zip: NAPLES FL 34104

Title DIRECTOR  
Name PROSISE, CATHY  
Address C/O JOHN JOANIDES CPA  
7345 DAVIS BLVD. SUITE 2  
City-State-Zip: NAPLES FL 34104

Title D  
Name PELLERIN, RICK  
Address C/O JOHN JOANIDES CPA PA  
7345 DAVIS BLVD. SUITE 2  
City-State-Zip: NAPLES FL 34104

*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: BRUCE MONTEITH**

**PRESIDENT**

**03/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date