

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005601

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

**Current Principal Place of Business:**

2675 S. HORSESHOE DR. #401  
NAPLES, FL 34104

**Current Mailing Address:**

PO BOX 110339  
NAPLES, FL 34108 US

**FEI Number:** 65-0542041

**Certificate of Status Desired:** No

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

KUETER, BEVERLY  
2675 S. HORSESHOE DR. #401  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DT  
Name SCHOENER, DENNIS  
Address 1765 YORK ISLAND DR.  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name SHUNK, DAVID  
Address 4962 BOLLARD CT.  
City-State-Zip: NAPLES FL 34112

Title PRESIDENT  
Name COLE, HOWARD  
Address 4994 CHRISTINA CT.  
City-State-Zip: NAPLES FL 34112

Title VP  
Name DALE, GALE  
Address 4970 BOLLARD COURT  
City-State-Zip: NAPLES FL 34112

Title SECRETARY  
Name WATSON, CLEMENT  
Address 1733 YORK ISLAND DR.  
City-State-Zip: NAPLES FL 34112

*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:** HOWARD COLE

**PRESIDENT**

**04/28/2018**

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

\_\_\_\_\_  
Date