

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 19, 2008 8:00 am
Secretary of State

05-19-2008 90039 007 ****70.00

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1. Entity Name
**THE HOTEL AT NAPLES BAY RESORT CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business Mailing Address

**3530 KRAFT ROAD
SUITE 300
NAPLES, FL 34105**

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SUITE 300
NAPLES, FL 34105**

66014410



02122008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For

20-4759522 **Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HASTINGS, CHERYL L ESQ.
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.
5551 RIDGEWOOD DRIVE STE 501
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YOUNG, ROY A
STREET ADDRESS	3530 KRAFT ROAD SUITE 300
CITY - ST - ZIP	NAPLES, FL 34105
TITLE	D
NAME	CARROLL, PETER
STREET ADDRESS	3530 KRAFT ROAD, SUITE 300
CITY - ST - ZIP	NAPLES, FL 34105
TITLE	D
NAME	THOMAS, CHARLES
STREET ADDRESS	3530 KRAFT ROAD SUITE 300
CITY - ST - ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06.16.08 239.5305101
Date Daytime Phone #