

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N13387 (8)

1. Corporation Name

NAPLES BAY CLUB STORAGE ASSOCIATION, INC.

Principal Place of Business

475 NORTH ROAD  
NAPLES FL 33942

Mailing Address

475 NORTH ROAD  
NAPLES FL 33942

3. Date Incorporated or Qualified  
02/11/1986

3a. Date of Last Report  
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, GARY K  
4501 TAMiami TRAIL NORTH  
NAPLES FL 33940

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/96

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JENTGEN, JAMES J  
STREET ADDRESS 1925 E. GORDON DRIVE  
CITY-ST-ZIP NAPLES FL 33940 ☐ DELETE

TITLE STD  
NAME PEREIRO, ELIZABETH  
STREET ADDRESS 511 HENLEY DRIVE  
CITY-ST-ZIP NAPLES FL 33942 ☒ DELETE

TITLE PVP  
NAME LEYDEN, ED  
STREET ADDRESS 278 WINNER'S CIRCLE  
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME ☒ ~~TERENCE JAMES J.~~  
1.3 STREET ADDRESS ~~1925 E. GORDON DRIVE~~  
1.4 CITY-ST-ZIP ~~NAPLES, FL 33940~~

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME ☒ VEGA, YADIRA P.  
2.3 STREET ADDRESS 6852 COMPTON LAKE SOUTH  
2.4 CITY-ST-ZIP NAPLES, FL 33942

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME ☒ ~~LEYDEN, ED~~  
3.3 STREET ADDRESS ~~278 WINNER'S CIRCLE~~  
3.4 CITY-ST-ZIP ~~NAPLES, FL 33940~~

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SP 5/10/96  
400001832774  
05/21/96-01121-005  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

941-673-3666

Daytime Phone #

CR2E037 (12/95)