

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15993

FILED
Mar 16, 2009
Secretary of State

Entity Name: NAPLES CAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

40 SEAGATE DR
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

40 SEAGATE DR
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2695943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMOUCÉ, ROBERT C ESQ
5405 PARK CENTRAL COURT
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SCRUGGS, WILLIAM
Address: 20 SEAGATE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: VPD () Delete
Name: KRASKA, RICHARD
Address: 60 SEAGATE DR
City-St-Zip: NAPLES, FL 34103

Title: PD () Delete
Name: SAPHAR, EDWIN
Address: 50 SEAGATE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: COSNER, REATH
Address: 60 SEAGATE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: CAIN, FRANK
Address: 40 SEAGATE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: GLAH, RON
Address: 81 SEAGATE DR
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWIN SAPHAR

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date