

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N24882**

1. Entity Name  
**THE BEACH HOUSE AT NAPLES CAY CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**20 SEAGATE DRIVE  
NAPLES, FL 34103 US**

Mailing Address  
**40 SEGATE DR  
NAPLES, FL 34103 US**



01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3032566**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAMOUCÉ, ROBERT C  
800 LAUREL OAK DR  
SUITE 300  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**VP  
PAISNER, MARSHALL  
20 SEAGATE DR., #603  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PTD  
SCRUGGS, J. WILLIAM  
20 SEAGATE DR., #701  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
FLECK, JAMES  
20 SEAGATE DRIVE, PH03  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
SALB, AUDREY  
20 SEAGATE DRIVE #703  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
FIORDELISI, ROCCO  
20 SEAGATE DR., #101  
NAPLES, FL 34103**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000398556  
02/01/06-80017-015 61.25

**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

Date

Daytime Phone #