

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25063

FILED
Mar 28, 2006
Secretary of State

Entity Name: SEAPOINT AT NAPLES CAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10 SEAGATE DR.
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

10 SEAGATE DR
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0254174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOISINE, PHIL
10 SEAGATE DRIVE
NAPLES, FL 34103 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: P () Delete
Name: LEONARD, FRANK
Address: 10 SEAGATE DR 1N
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: BERLET, FRED
Address: 10 SEAGATE DR #2N
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: KATZ, MARVIN
Address: 10 SEAGATE DR #10-N
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: MALLORY, KELLY
Address: 10 SEAGATE DR. PH25
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: AVIS, ROBERT
Address: 10 SEAGATE DRIVE, 3N
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEONARD, FRANK
Address: 10 SEAGATE DR ,1N
City-St-Zip: NAPLES, FL 34103

Title: T (X) Change () Addition
Name: BERLET, FRED
Address: 10 SEAGATE DR ,2N
City-St-Zip: NAPLES, FL 34103

Title: SD (X) Change () Addition
Name: KATZ, MARVIN
Address: 10 SEAGATE DR ,10N
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change () Addition
Name: MALLORY, KELLY
Address: 10 SEAGATE DR. PH2S
City-St-Zip: NAPLES, FL 34103

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PHIL VOISINE

RA

03/28/2006

Electronic Signature of Signing Officer or Director

Date