## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25063

FILED Mar 18, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

10 SEAGATE DR.

NAPLES, FL 34103 US

Current Mailing Address: New Mailing Address:

10 SEAGATE DR

NAPLES, FL 34103 US

FEI Number: 65-0254174 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VOISINE, PHIL 10 SEAGATE DRIVE NAPLES, FL 34103 US

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: LEONARD, FRANK Name: KOSTYRA, RICHARD

 Address:
 10 SEAGATE DR ,1N
 Address:
 10 SEAGATE DR ,8N

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34103

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BERLET, FRED
 Name:

 Address:
 10 SEAGATE DR ,2N
 Address:

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:

 $\label{eq:title:equation:title:vp} \mbox{Title:} \mbox{ VP } \mbox{(X) Change () Addition}$ 

 Name:
 KATZ, MARVIN
 Name:
 SMITH, WILLIAM

 Address:
 10 SEAGATE DR ,10N
 Address:
 10 SEAGATE DR ,7N

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34103

Title: ( ) Delete Title: SD (X) Change ( ) Addition Name: WORTHINGTON, BEVERLY Name: WORTHINGTON, BEVERLY 10 SEAGATE DR. PH1S 10 SEAGATE DR. PH1S Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103

Title: VP ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 AVIS, ROBERT
 Name:
 AVIS, ROBERT

 Address:
 10 SEAGATE DRIVE, 3N
 Address:
 10 SEAGATE DRIVE, 3N

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34103

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: PHIL VOISINE RA 03/18/2008