

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001517

FILED
May 15, 2009
Secretary of State

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

Current Principal Place of Business:

60 SEAGATE DRIVE
NAPLES, FL 34103

New Principal Place of Business:

60 SEAGATE DRIVE
SUITE 300
NAPLES, FL 34103

Current Mailing Address:

60 SEAGATE DRIVE
NAPLES, FL 34103

New Mailing Address:

60 SEAGATE DRIVE
SUITE 300
NAPLES, FL 34103

FEI Number: 65-0633754 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAMOUCÉ, ROBERT C ESQ.
5405 PARK CENTRAL CT
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: P () Delete
Name: KRASKA, RICHARD
Address: 60 SEAGATE DR UNIT 501
City-St-Zip: NAPLES, FL 34103

Title: T () Delete
Name: GANNON, JOHN
Address: 60 SEAGATE DR UNIT 1105
City-St-Zip: NAPLES, FL 34103

Title: S () Delete
Name: CHRISTOPHER, BRANDA
Address: 4315 FIFTH AVE
City-St-Zip: AVALON, NJ 08202

Title: VP () Delete
Name: BECHERER, JOSPEPH
Address: 200 WOODBINE DR
City-St-Zip: BEAVER, PA 15009

Title: D () Delete
Name: MYERS, SALLY
Address: 60 SENGRC DR UNIT 1206
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:

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: RICHARD KRASKA

P

05/15/2009

Electronic Signature of Signing Officer or Director

Date