

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005601

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** KETCH CAY AT WINDSTAR RESIDENTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4306 ARNOLD AVE.  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 110339  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 65-0542041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUETER, BEVERLY  
4306 ARNOLD AVE.  
NAPLES, FL 34104 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:** DT  
**Name:** SCHOENER, DENNIS  
**Address:** 1765 YORK ISLAND DR.  
**City-St-Zip:** NAPLES, FL 34112

**Title:** DS  
**Name:** TRIPP, BRAD  
**Address:** 4974 BOLLARD COURT  
**City-St-Zip:** NAPLES, FL 34112

**Title:** DVP  
**Name:** SCHMITZ, NORMAN  
**Address:** 4982 CHRISTINA COURT  
**City-St-Zip:** NAPLES, FL 34112

**Title:** DP  
**Name:** DOBSON, RICHARD  
**Address:** 1733 YORK ISLAND DRIVE  
**City-St-Zip:** NAPLES, FL 34112

**Title:** D  
**Name:** FINK, DIANE  
**Address:** 4990 CHRISTINA CT.  
**City-St-Zip:** NAPLES, FL 34112

I hereby 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 all other like empowered.

**SIGNATURE:** RICHARD DOBSON

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04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date