

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90169 012 ****61.25

DOCUMENT # N97000006209

1. Entity Name

SOUTHPOINTE AT WINDSTAR MARINA ASSOCIATION, INC.



Principal Place of Business

**1777 GULF STAR BLVD
NAPLES FL 34112**

Mailing Address

**P.O.-BOX-2072
MARCO ISLAND FL 34146
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0574806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATAS, DENISE A
267 N COLLIER BLVD STE 201
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name **Denise Patas**

Street Address (P.O. Box Number is Not Acceptable)

**Southpointe at Windstar Marina
P. O. Box 2072**

City

Marco Island, FL 34146-2072

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FINK, KARL**
STREET ADDRESS **4990 CHRISTINA CT**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VPD** ☐ Delete
NAME **FIELDSA, WAYNE**
STREET ADDRESS **4978 BOLLARD CT**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Randy Gauntt**
CITY-ST-ZIP **3276 LOOKOUT LANE
NAPLES, FL 34112**

TITLE ☐ Change ☒ Addition
NAME **Secretary**
STREET ADDRESS **Edward McCarthy**
CITY-ST-ZIP **1765 Gulfstar Drive S. 502
NAPLES FL 34112**

TITLE ☐ Change ☒ Addition
NAME **Operations Managing**
STREET ADDRESS **Richard Edson**
CITY-ST-ZIP **4253 Lighthouse Lane
NAPLES FL 34112**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #