

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006670

FILED
Feb 01, 2009
Secretary of State

Entity Name: WHARFSIDE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

840 RIVER POINT DRIVE
NAPLES, FL 34102

New Principal Place of Business:

810-840 RIVER POINT DRIVE
NAPLES, FL 34102

Current Mailing Address:

840 RIVER POINT DRIVE
NAPLES, FL 34102

New Mailing Address:

810-840 RIVER POINT DRIVE
NAPLES, FL 34102

FEI Number: 59-3508843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANSBURY, THOMAS W
840 RIVER POINTE DRIVE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

WAGNER, THERESE A
2335 TAMIAMI TRAIL NO 505
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: THERESE A WAGNER

02/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIVEN, DOUGLAS W
Address: 830 RIVER POINT DRIVE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: SANSBURY, THOMAS E
Address: 840 RIVERT POINT DR
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: YEAGER, CHAD
Address: 820 RIVERPOINT DR.
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: LORENZEN, KYLE
Address: 810 RIVER POINT DR
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OTT, COURTNEY
Address: 830 RIVER POINT DRIVE
City-St-Zip: NAPLES, FL 34102

Title: PD (X) Change () Addition
Name: SANSBURY, THOMAS
Address: 840 RIVERT POINT DR
City-St-Zip: NAPLES, FL 34102

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: THOMAS SANSBURY

PD

02/01/2009

Electronic Signature of Signing Officer or Director

Date