

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006670

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** WHARFSIDE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

810-840 RIVER POINT DRIVE  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

810-840 RIVER POINT DRIVE  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 59-3508843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAGNER, THERESE A  
2335 TAMiami TRAIL NO 505  
NAPLES, FL 34103 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:** D  
**Name:** YEAGER, CHAD  
**Address:** 820 RIVER POINT DRIVE  
**City-St-Zip:** NAPLES, FL 34102

**Title:** PD  
**Name:** SANSBURY, THOMAS  
**Address:** 840 RIVERT POINT DR  
**City-St-Zip:** NAPLES, FL 34102

**Title:** D  
**Name:** STANCO, ERIC  
**Address:** 830 RIVERPOINT DR.  
**City-St-Zip:** NAPLES, FL 34102

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

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:** THOMAS SANSBURY

PD

02/17/2011

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

\_\_\_\_\_  
Date