
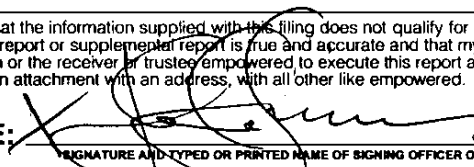


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90205 038 \*\*\*\*61.25

<b>DOCUMENT # N00000007579</b> 1. Entity Name <b>NAPLES BOAT CLUB MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>909 10TH ST S. #101 NAPLES, FL 34102</b>			Mailing Address <b>909 10TH ST S. #101 NAPLES, FL 34102</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3698513</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SWANSON, JOHN C 909 TENTH STREET SOUTH #105 NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINER, MONTE 909 10TH STREET SO., #205 NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DOUGLAS COHN 909 10th Street So., #205 Naples, FL 34102
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, PETER 909 10TH STREET SO., #103 NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREGORY EASTBURN 6608 Glen Arbor Way Naples, FL 34119
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURNS, KEVIN 6020 22ND AVENUE N.W. NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	ROY RAPP 29 Partridg Lane Cherry Hill, NJ 08003
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWANSON, JOHN C 909 10TH STREET SO., #105 NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREGORY EASTBURN 6608 Glen Arbor Way Naples, FL 34119
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date <b>4/16/07</b> Daytime Phone # <b>239-430-4994</b></span>					