


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90033 038 ****61.25

DOCUMENT # N00000007579 1. Entity Name NAPLES BOAT CLUB MASTER ASSOCIATION, INC.	
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Principal Place of Business 909 10TH ST S. #101 NAPLES, FL 34102	Mailing Address 909 10TH ST S. #101 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE

90033000



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3698513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANSON, JOHN C
909 TENTH STREET SOUTH
#105
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, DOUGLAS 909 10TH STREET SO., #205 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, PETER 909 10TH STREET SO., #103 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTBURN, GREGORY 6608 GLEN ARBOR WAY NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWANSON, JOHN C 909 10TH STREET SO., #105 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPP, ROY 29 PARTRIDGE LANE CHERRY HILL, NJ 08003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____