
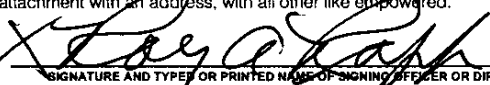


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90194 038 ****61.25

DOCUMENT # N02000007776 1. Entity Name NAPLES BOAT CLUB WET SLIP ASSOCIATION, INC.					
Principal Place of Business 909 10TH ST SO. #101 NAPLES, FL 34102			Mailing Address 909 10TH ST SO. #101 NAPLES, FL 34102		
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 01-0637299	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, KENNETH R 4001 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAPP, ROY		NAME		
STREET ADDRESS	1545 4TH ST SO		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAXLER, CAROL		NAME		
STREET ADDRESS	110 NORTH DIXIE HWY		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MURRELL, HOWARD J		NAME	Hanno, Marshall	
STREET ADDRESS	2827 SILVERLEAF LN		STREET ADDRESS	27741 Marine Pt. Drive	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURNS, KEVIN		NAME	Klohn, William	
STREET ADDRESS	6060 HIDDEN OAKS LANE		STREET ADDRESS	2180 Immokalee Rd ste 309	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	McCombs, Joseph	
STREET ADDRESS			STREET ADDRESS	712 N. Main Street	
CITY-ST-ZIP			CITY-ST-ZIP	Keller, TX 76248	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Pres: Roy Rapp		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/20/06 Daytime Phone # 239-430-4994		