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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04543** (7)

1. Corporation Name

RIVER POINTE MARINA, INC.

Principal Place of Business

Mailing Address

**811 RIVER POINTE DRIVE
NAPLES FL ~~33940~~ 34102**

**4774 WEST BLVD. E-202
NAPLES FL ~~33940~~ 34103-3053
US**



3. Date Incorporated or Qualified

08/03/1984

4. FEI Number

59-2443420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VOGEL, R. M.
3936 N. TAMiami TRAIL, SUITE B
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **KELLEY, MARY**
STREET ADDRESS **3166 ALAN DR**
CITY-ST-ZIP **COLUMBUS IN 47201**

TITLE **STD** ☐ DELETE

NAME **BLACK, MARCIE**
STREET ADDRESS **4774 WEST BLVD., E-202**
CITY-ST-ZIP **NAPLES FL**

TITLE **PD** ☒ DELETE

NAME **CASSIDY, CHRIS**
STREET ADDRESS **803 RIVER POINT DR #201B**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **VD** ☐ DELETE

NAME **CLEMENS, DAVID**
STREET ADDRESS **5041 SUNBURY COURT**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** ☐ DELETE

NAME **FERNSTROM, CARL**
STREET ADDRESS **950 5TH AVE N**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**PD
CLEMENS, DAVID
5041 SUNBURY COURT
NAPLES FL 34104**

**VD
FERNSTROM, CARL
3096 TAMiami TR. N. #3
NAPLES FL 34103**

**D
GREGORY, WILLIAM R.
2250 QUEENS WAY
NAPLES FL 34112**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MARCIE J. BLACK / MARCIE J. BLACK 3/15/98 941-262-8376**

CR2E037 (10/97)