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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State
04-02-1999 90032 045 ****61.25

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DOCUMENT # N04543

1. Corporation Name
RIVER POINTE MARINA, INC.

Principal Place of Business	Mailing Address
811 RIVER POINTE DRIVE NAPLES FL 34102 US	4774 WEST BLVD. E-202 NAPLES FL 34103-053 US

2. Principal Place of Business 21	2a. Mailing Address 26 2250 QUEENS WAY	3. Date Incorporated or Qualifed 08/03/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2443420 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 NAPLES FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 34112 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 CHERYL R. KRAUS 82 Street Address (P.O. Box Number is Not Acceptable) 1072 GOODLETTE RD 83 84 City NAPLES FL 85 Zip Code 34102

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] CHERYL R KRAUS 4/2/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	T/D	☒ Change ☐ Addition
NAME	GREGORY, WILLAM R		1.2 NAME	GREGORY, WILLIAM R	
STREET ADDRESS	2250 QUEENS WAY		1.3 STREET ADDRESS	2250 QUEENS WAY	
CITY-ST-ZIP	NAPLES FL 34112		1.4 CITY-ST-ZIP	NAPLES FL 34112	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CASSIDY, CHRIS		2.2 NAME	CASSIDY, CHRIS	
STREET ADDRESS	803 RIVER POINT DR #201B		2.3 STREET ADDRESS	1872 PICCADILLY CIRCLE	
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	CLEMENS, DAVID		3.2 NAME	CLEMENS, DAVID	
STREET ADDRESS	5041 SUNBURY COURT		3.3 STREET ADDRESS	5041 SUNBURY CT	
CITY-ST-ZIP	NAPLES FL 34104		3.4 CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	D	☐ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	FERNSTROM, CARL		4.2 NAME	FERNSTROM, CARL	
STREET ADDRESS	3096 TAMIAMI TR N #3		4.3 STREET ADDRESS	3096 TAMIAMI TR N#3	
CITY-ST-ZIP	NAPLES FL 34103		4.4 CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		☐ DELETE	5.1 TITLE	S/D	☐ Change ☒ Addition
NAME			5.2 NAME	RUSSELL, RAY	
STREET ADDRESS			5.3 STREET ADDRESS	2716 FOUNTAIN VIEW LN #101	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		☐ DELETE	6.1 TITLE	P/D	☐ Change ☒ Addition
NAME			6.2 NAME	CACO BOB	
STREET ADDRESS			6.3 STREET ADDRESS	28651 WINTHROP CIRCLE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	

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, with all other like empowered.

SIGNATURE: [signature] / R. Russell Jr 941-591-1368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)