2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # N04543

1. Entity Name
RIVER POINTE MARINA, INC.

Principal Place of Business	Mailing Address
811 RIVER POINTE DRIVE NAPLES, FL 34102 US	P.O. BOX 9355 NAPLES, FL 34101-9355 US

01072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2443420

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAUS, CHERYL R
1072 GOODLETTE RD
NAPLES, FL 33940

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000778116
01/10/08-80036-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LAWTON, MARTIN
STREET ADDRESS	7014 SUGAR MAGNOLIA CIRCLE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	SD
NAME	RUSSELL, RAY
STREET ADDRESS	6121 BUR OAKS LANE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	LANDON, JOHN
STREET ADDRESS	2580 10TH ST N
CITY-ST-ZIP	NAPLES, FL 341034583
TITLE	PD
NAME	ZIMMERMAN, MICHAEL S
STREET ADDRESS	5115 POST OAK LN
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D
NAME	KENNEDY, TED
STREET ADDRESS	2377 KWES LAKE BLVD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	KELLEY, MARYANN
STREET ADDRESS	2818 SAILORS WAY
CITY-ST-ZIP	NAPLES, FL 34109

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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: _____ **MARTY LAWTON** 1-7-08 239-659-7932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #