2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04543

FILED Feb 22, 2009 Secretary of State

Entity Name: RIVER POINTE MARINA, INC.

Current Principal Place of Business: New Principal Place of Business: 811 RIVER POINTE DRIVE NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** P.O. BOX 9355 NAPLES, FL 341019355 US FEI Number: 59-2443420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KRAUS, CHERYL R 1072 GOODLETTE RD NAPLES, FL 33940 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LAWTON, MARTIN Name: Name: 7014 SUGAR MAGNOLIA CIRCLE Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: Title: SD Title: SD () Delete (X) Change () Addition RUSSELL, RAY Name: SHOFER, LOIS Name: Address: 6121 BUR OAKS LANE Address: 4757 STRATFORD CT., APT 2502 City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: () Change () Addition LANDON, JOHN Name: Name: Address: 2580 10TH ST N Address: City-St-Zip: NAPLES, FL 341034583 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: ZIMMERMAN, MICHAEL S Name: 5115 POST OAK LN Address: Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: (X) Change () Addition KENNEDY, TED Name: Name: HIGGS, ALESSANDRA 2377 KWES LAKE BLVD 1285 GULF SHORE BLVD. N., 1-C Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34102 Title: () Delete Title: (X) Change () Addition STEELE, RAY KELLEY, MARYANN Name: Name: Address: 2818 SAILORS WAY Address: 2601 N. TIMBER LANE NAPLES, FL 34109 MUNCIE, IN 47304 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTY LAWTON TD 02/22/2009