


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N06000001146  
 1. Entity Name  
 THE CARRABELLE BOAT CLUB ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 909 TENTH STREET SOUTH 909 TENTH STREET SOUTH  
 SUITE 105 SUITE 105  
 NAPLES FL 34102 NAPLES FL 34102



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State  
 Zip Country Zip Country

4. FEI Number 14-1952307 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CAUDILL, JAMES F ESQ.  
 4923 TAMiami TRAIL NORTH  
 SUITE 200  
 NAPLES FL 34103

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 is required when changing) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GOEBEL, JOHN J	
STREET ADDRESS	909 TENTH STREET SOUTH, SUITE 105	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRACCI, STEVEN J	
STREET ADDRESS	9220 BONITA BEACH ROAD, SUITE 200-23	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SWANSON, JOHN C	
STREET ADDRESS	909 TENTH STREET SOUTH, SUITE 105	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 \_\_\_\_\_