

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:35

DOCUMENT # **N43312** (0)
1. Corporation Name
NAPLES SAILING CENTER, INC.

Principal Place of Business Mailing Address
896 RIVER POINT DRIVE **896 RIVER POINT DRIVE**
NAPLES FL 33942 **NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/08/1991** 3a. Date of Last Report **09/14/1994**
4. FEI Number **65-0261288** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
30 Country

9. Name and Address of Current Registered Agent
KOCH, GEORGE
525 BROAD AVE. S.
NAPLES FL 33940

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BOMSS, JOE
STREET ADDRESS	6830 SANDELWOOD LANE
CITY-ST-ZIP	NAPLES FL 33999
TITLE	D
NAME	KOCH, GEORGE
STREET ADDRESS	525 BROAD AVE S.
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	PURTON, KINGSEY
STREET ADDRESS	594 GOLDCOAST CT.
CITY-ST-ZIP	MARCO ISLAND FL 33937
TITLE	D
NAME	MOORE, JOHN
STREET ADDRESS	751 GALLEON DR.
CITY-ST-ZIP	NAPLES FL 33940
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BONNESS, JOE III
1.3 STREET ADDRESS	6830 SANDELWOOD LANE
1.4 CITY-ST-ZIP	NAPLES, FL 33999
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PETER BOLTON
3.3 STREET ADDRESS	1303 WAHOO CT.
3.4 CITY-ST-ZIP	NAPLES, FL. 33962
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: George M. Koch 1/25/95 813-649-1073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Year)