

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 22 1996 8:00 am**  
Secretary of State

**DOCUMENT # N43312 (0)**

1. Corporation Name  
**NAPLES SAILING CENTER, INC.**



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

Mailing Address  
**896 RIVER POINT DRIVE  
NAPLES FL 33942**

3. Date Incorporated or Qualified  
**05/08/1991**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**65-0261288**

Applied For  
 Not Applicable

21 Suite Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOCH, GEORGE  
525 BROAD AVE. S.  
NAPLES FL 33940**

81 Name  
**Joe Bonness**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6830 Sandalwood Lane**

83

84 City  
**Naples**

85 Zip Code  
**FL 33999**

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 *Joe Bonness*  
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          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>BONNESS, JOE W.</b>                   |
| STREET ADDRESS | <b>6830 SANDALWOOD AVE</b>               |
| CITY-ST-ZIP    | <b>NAPLES FL</b>                         |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>KOCH, GEORGE</b>                      |
| STREET ADDRESS | <b>525 BROAD AVE. S.</b>                 |
| CITY-ST-ZIP    | <b>NAPLES FL</b>                         |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>BOLTON, PETER</b>                     |
| STREET ADDRESS | <b>1303 WAHOO CT.</b>                    |
| CITY-ST-ZIP    | <b>NAPLES FL</b>                         |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>MOORE, JOHN</b>                       |
| STREET ADDRESS | <b>751 GALLEON DR.</b>                   |
| CITY-ST-ZIP    | <b>NAPLES FL 33940</b>                   |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> DELETE          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                    |  |
|--------------------|--|
| 1.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Bonness, Joe</b>  |
| 1.3 STREET ADDRESS | <b>6830 Sandalwood Lane</b>  |
| 1.4 CITY-ST-ZIP    |  |
| 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          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 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    |  |

*BK DEPOSIT \$61.25*

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 119.07(3)(k), 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: *Joe Bonness*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-96**  
Date

**941 597 2181**  
Daytime Phone #

CR2E037 (12/95)

*1-22-96*