

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04543

Entity Name: RIVER POINTE MARINA, INC.**Current Principal Place of Business:**811 RIVER POINTE DRIVE
NAPLES, FL 34102**Current Mailing Address:**P.O. BOX 9355
NAPLES, FL 34101-9355 US**FEI Number:** 59-2443420**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALLENGER, GLENN R
1444 HEMINGWAY PL
NAPLES, FL 34103 US*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**Officer/Director Detail :**

Title TREASURER
Name LAWTON, MARTIN
Address 1400 POMPEI LN., APT 39
City-State-Zip: NAPLES FL 34103

Title EXECUTIVE SECRETARY
Name SHOFER, LOIS
Address 4757 STRATFORD CT., APT 2502
City-State-Zip: NAPLES FL 34103

Title VP
Name LANDON, JOHN
Address 2580 10TH ST N
City-State-Zip: NAPLES FL 34103-4583

Title DIRECTOR
Name ZIMMERMAN, MICHAEL S
Address 13802 CALLISTO AVE
City-State-Zip: NAPLES FL 34109

Title DIRECTOR
Name CACO, ROBERT
Address 28651 WINTHROP CIRCLE
City-State-Zip: BONITA SPRINGS FL 34134

Title PRESIDENT
Name STEELE, RAY
Address 2601 N. TIMBER LANE
City-State-Zip: MUNCIE IN 47304

Title DIRECTOR
Name BENZA, STEPHEN
Address 4423 WILDER RD
City-State-Zip: NAPLES FL 34105

I hereby 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 all other like empowered.

SIGNATURE: MARTIN LAWTON**TREASURER****04/01/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date