

2025 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:**LAWTON, MARTIN E
1400 POMPEI LN.
UNIT 39
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:** MARTIN LAWTON**03/30/2025**

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	DIRECTOR
Name	ARNEZ, MARIO
Address	1423 KELP LANE
City-State-Zip:	NAPLES FL 34105

Title	VP
Name	ZIMMERMAN, MICHAEL S
Address	9447 GREYHAWK TRAIL
City-State-Zip:	NAPLES FL 34120

Title	DIRECTOR
Name	HOPE, DESIREE
Address	3285 BASS POINT COURT
City-State-Zip:	NAPLES FL 34116

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

Title	VP
Name	BARKER, FRANKLIN
Address	1541 LOGAN COURT
City-State-Zip:	NAPLES FL 34116

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**AGENT / TREASURER****03/30/2025**

Electronic Signature of Signing Officer/Director Detail

Date