

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004864

**Entity Name:** OLDE NAPLES SEAPORT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 05, 2013**  
**Secretary of State**  
**CC7552559980**

**Current Principal Place of Business:**

1001 10TH AVENUE SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

895 10TH STREET SO.,  
STE 201  
NAPLES, FL 34102

**FEI Number:** 20-3257479

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AMERICA MARINE MANAGEMENT INC.  
895 10TH STREET SOUTH  
201  
NAPLES, FL 34102 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 PD  
Name JONES, DON  
Address 1001 10TH AVENUE SO. #210  
City-State-Zip: NAPLES FL 34102

Title TREASURER, DIRECTOR  
Name RAINEN, MICHAEL  
Address 1001 10TH AVENUE SO., #201  
City-State-Zip: NAPLES FL 34102

Title VP, DIRECTOR  
Name FAUCETT, MICHAEL  
Address 1001 10TH AVENUE SO., #215  
City-State-Zip: NAPLES FL 34102

Title SECRETARY, DIRECTOR  
Name CIANCHETTE, PEGGY A  
Address 1001 10TH AVENUE SOUTH  
PH01  
City-State-Zip: NAPLES FL 34102

*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:** DON JONES

**PRESIDENT**

**03/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date