

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 08:00 AM  
Secretary of State

DOCUMENT # 228177

1. Entity Name  
BOAT HAVEN NAPLES INC



Principal Place of Business  
C/O STEVEN E CLARK, CPA  
700 11TH ST. S, PH-3  
NAPLES, FL 34102 US

Mailing Address  
C/O STEVEN E CLARK, CPA  
700 11TH ST. S, PH-3  
NAPLES, FL 34102 US



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0876554

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PHILIP C MORSE, III  
2200 HERITAGE TRAIL  
NAPLES, FL 34112

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MORSE, PHILIP C. III
STREET ADDRESS	2200 HERITAGE TRAIL
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VD
NAME	COLLINS, HELEN C
STREET ADDRESS	2131 FREDERICK ST
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	T
NAME	COLLINS, ROBERT
STREET ADDRESS	2131 FREDERICK ST
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	S
NAME	MORSE, JANIS
STREET ADDRESS	2200 HERITAGE TRACE
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/19/06-80037-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all due like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06 (232) 261-8022

Date

Daytime Phone #