

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

DOCUMENT # 708389 (2)  
1. Corporation Name  
NAPLES SAILING AND YACHT CLUB, INCORPORATED



Principal Place of Business Mailing Address  
896 RIVER POINT DRIVE 896 RIVER POINT DRIVE  
NAPLES FL 33942 NAPLES FL 33942

3. Date Incorporated or Qualified 01/29/1965 3a. Date of Last Report 03/28/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-6213933		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

E. L. PROFFITT  
896 RIVER POINT DRIVE  
NAPLES FL 33942

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

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	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN MCCONNELL	1.2 NAME	
STREET ADDRESS	2200 TARPON RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYNES, CLAUDE	2.2 NAME	CATALANO, ANTHONY J.
STREET ADDRESS	4888 WEST BLVD	2.3 STREET ADDRESS	4451 Gulf Shore Blvd. #1404
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	Naples, FL 33940
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERNETHY ROBERT	3.2 NAME	Abernethy, Robert
STREET ADDRESS	3221 FT. CHARLES DR	3.3 STREET ADDRESS	3221 Ft. Charles Dr.
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	Naples, FL 33940
TITLE	CD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	RD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSON, GLENN F	4.2 NAME	Gartz, Frederick C. Jr.
STREET ADDRESS	1380 DOLPHIN RD.	4.3 STREET ADDRESS	70 Thorncrest Lane
CITY - ST - ZIP	NAPLES FL	4.4 CITY - ST - ZIP	Naples, FL 33962
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELSH, MICHAEL A	5.2 NAME	
STREET ADDRESS	175 4TH AVE SO	5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Robert Abernethy 2/13/96 941 774 0424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)