

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 708389 (2)
1. Corporation Name
NAPLES SAILING AND YACHT CLUB, INCORPORATEDPrincipal Place of Business Mailing Address
896 RIVER POINT DRIVE 896 RIVER POINT DRIVE
NAPLES FL 33942 NAPLES FL 34102-34313. Date Incorporated or Qualified 01/29/1965
3a. Date of Last Report 02/19/19962. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 304. FEI Number 59-6213933
Applied For Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 3394281 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TREAS.
NAME	JOHN MCCONNELL	1.2 NAME	PATTON, ROBERT L
STREET ADDRESS	2200 TARPON RD	1.3 STREET ADDRESS	4320 Beechwood Lake Dr.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 34112
TITLE	VD	2.1 TITLE	CD
NAME	CATALANO, ANTHONY J	2.2 NAME	CATALANO, ANTHONY J.
STREET ADDRESS	4451 GULF SHORE BLVD, #1404	2.3 STREET ADDRESS	4451 Gulf Shore Blvd. 1404
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, Fl 34103
TITLE	CD	3.1 TITLE	
NAME	ABERNETHY, ROBERT	3.2 NAME	
STREET ADDRESS	3221 FT. CHARLES DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	RD	4.1 TITLE	VD
NAME	GARTZ, FREDERICK C. J	4.2 NAME	GARTZ, FREDERICK C.J.
STREET ADDRESS	70 THORNCREST LANE	4.3 STREET ADDRESS	70 THORNCREST LANE
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	NAPLES, FL 34113
TITLE	SD	5.1 TITLE	RD
NAME	WELSH, MICHAEL A	5.2 NAME	CARR, EUGENE J.
STREET ADDRESS	175 4TH AVE SO	5.3 STREET ADDRESS	875 18th. Ave. S
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, Fl 34102
TITLE		6.1 TITLE	SD
NAME		6.2 NAME	MOORE, MICHAEL J.
STREET ADDRESS		6.3 STREET ADDRESS	582 Gordonia Rd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples, Fl 34108

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.J. Catalano

3/21/97

Daytime Phone # 0058617

CR2E037 (9/96)