


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708389** (2)
1. Corporation Name
NAPLES SAILING AND YACHT CLUB, INCORPORATED

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	01/29/1965
4. FEI Number	59-6213933
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	R/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTON, ROBERT L.	1.2 NAME	Snyder, Clinton W.
STREET ADDRESS	4320 BEECHWOOD LAKE DR.	1.3 STREET ADDRESS	595 18th. Ave. S.
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATALANO, ANTHONY J	2.2 NAME	Allen, Jules
STREET ADDRESS	4451 GULF SHORE BLVD, #1404	2.3 STREET ADDRESS	2717 Buckthorn Way
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 34105
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MICHAEL J.	3.2 NAME	
STREET ADDRESS	583 GORDONIA RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARTZ, FREDERICK C. J	4.2 NAME	Gartz, Frederick C. Jr
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	RD <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, EUGENE J.	5.2 NAME	Carr, Eugene J.
STREET ADDRESS	875 18TH AVE. S.	5.3 STREET ADDRESS	875 18th. Ave. S.
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	Naples, FL 34102
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **FREDERICK C. GARTZ** **Frederick C. Gartz** **1/2/98** **941 774 0424**

CR2E037 (10/97)