


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90031 048 \*\*\*\*61.25

<b>708389</b> 1. Entity Name <b>NAPLES SAILING AND YACHT CLUB, INCORPORATED</b>					
Principal Place of Business 896 RIVER POINT DRIVE NAPLES, FL 34102			Mailing Address 896 RIVER POINT DRIVE NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6213933</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>E. L. PROFFITT</b> <b>896 RIVER POINT DRIVE</b> <b>NAPLES, FL 33942</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	<b>FL</b>	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	RC	<input type="checkbox"/> Delete	TITLE	Vice Commodore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CHRISTOPHER		NAME	ROBERTS, CHRISTOPHER	
STREET ADDRESS	12502 COLLIER RESERVE		STREET ADDRESS	1471 VIA PORTO FINO	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Commodore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, DONALD		NAME	HUBBARD, DONALD	
STREET ADDRESS	215 COLONADE DR.		STREET ADDRESS	8440 ABBINGTON CIR D36	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	REAR Commodore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAFSTROM, WILLIAM		NAME	BETHELL, BENJAMIN	
STREET ADDRESS	717 WOODHAVEN LN.		STREET ADDRESS	1354 NOBIE HERON WAY	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	NAPLES FL 34105	
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARKINS, JOHN		NAME	KEELER, MICHAEL	
STREET ADDRESS	2515 DAY LILY PLACE		STREET ADDRESS	800 17th AVE. S	
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP	NAPLES FL 34102	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, JULES		NAME		
STREET ADDRESS	2717 ALLEN BUCKTHORN WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Donald D. Hubbard Commodore</u>			Date: <u>2/28/04</u> Daytime Phone #: <u>239 774-0424</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					