


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90069 012 ****61.25

DOCUMENT # 708389	
1. Entity Name NAPLES SAILING AND YACHT CLUB, INCORPORATED	

Principal Place of Business 896 RIVER POINT DRIVE NAPLES, FL 34102	Mailing Address 896 RIVER POINT DRIVE NAPLES, FL 34102
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-6213933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent E. L. PROFFITT 896 RIVER POINT DRIVE NAPLES, FL 33942	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROBERTS, CHRISTOPHER 1474 VIA PORTOFINO NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RC WASHBURN, RICHARD 3971 GULF SHORE BLVD N #704 NAPLES, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC WASHBURN, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3971 GULF SHORE BLVD N #704 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORDHOFF, LYNNE 8420 ABBINGTON CIR #B11 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BETHALL, BENJAMIN 1354 NOBLE HERON WAY NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commodore <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BENJAMIN BETHALL 1354 NOBLE HERON WAY NAPLES FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEELER, MICHAEL 800 17TH AVE S NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R/C William GASTROM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 717 WOODHAVEN LANE NAPLES FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **1-23-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #