

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90030 018 ****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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6213933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by September 12, 2008**

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
**C
WASHBURN, RICHARD
3971 GULF SHORE BLVD N #704
NAPLES, FL 34103** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
NORDHOFF, LYNNE
8420 ABBINGTON CIR #B11
NAPLES, FL 34108** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
THOMPSON, WESLEY
2630 GREY OAKS DR H20
NAPLES FL 34105** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
GRASTROM, WILLIAM
717 WOODHAVEN LN
NAPLES, FL 34108** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KEELER, MICHAEL
800 17TH AVE S
NAPLES, FL 34102** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREAS/RC
O'REILLY, THOMAS
2340** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RC
GRASTROM, WILLIAM
717 WOODHAVEN LN
NAPLES, FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Commodore ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RC
BOZZO, MICHAEL J
317 MOORING LINE DR
NAPLES, FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/C
BOZZO, MICHAEL J.
317 MOORING LINE DR
NAPLES FL 34102** ☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/2008

Date

239774-0424

Daytime Phone #