FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State
06-10-1999 90025 031 ****61.25

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DOCUMENT # 728733

1. Corporation Name

NAPLES MARINER, INC.

Principal Place of Business	Mailing Address
1295 GULFSHORE BOULEVARD SOUTH NAPLES FL 34102	1295 GULFSHORE BOULEVARD SOUTH NAPLES FL 34102

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/05/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1541943 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

INGRAM, LARRY M
900 SIXTH AVENUE SOUTH SUITE 302
NAPLES FL 34102

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	~~WATSON, EDWIN SR~~		1.2 NAME		
STREET ADDRESS	~~1295 GULF SHORE BLVD S~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~NAPLES FL 34102~~		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, DORCAS H		2.2 NAME		
STREET ADDRESS	1295 GULF SHORE BLVD S		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, GORDON		3.2 NAME		
STREET ADDRESS	463 17TH AVENUE SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AUSTIN, CAROL		4. 2 NAME		
STREET ADDRESS	90 DUBLIN AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NASHUA NH		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	~~BRAND, AGNES~~		5.2 NAME	Lynda Fox	
STREET ADDRESS	~~19 RICHMAN RD~~		5.3 STREET ADDRESS	Boughmore House	
CITY-ST-ZIP	~~JACKSON SPRINGS NC~~		5.4 CITY-ST-ZIP	Sidmouth, Devon U.K EX108SH	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, PAMELA		6.2 NAME		
STREET ADDRESS	463 17TH AVENUE SOUTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Lynda Fox 6/9/99 (941) 261-7313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #