

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 728733

1. Entity Name
NAPLES MARINER, INC.



Principal Place of Business

1295 GULF SHORE BOULEVARD SOUTH
NAPLES, FL 34102

Mailing Address

1295 GULF SHORE BOULEVARD SOUTH
NAPLES, FL 34102



01072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1541943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATSON, EDWIN M PD
1295 GULF SHORE BLVD, SOUTH
NAPLES, FL 34102

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IN THIS SPACE**

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 reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WATSON, PAMELA
463 17TH AVENUE SOUTH
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WATSON, DORCAS H
1295 GULF SHORE BLVD S
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WATSON, GORDON
463 17TH AVENUE SOUTH
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AUSTIN, CAROL
90 DUBLIN AVE
NASHUA, NH

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WATSON, EDWIN JR
1911 5TH ST, S
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000610026
02/02/07-80004-019 61.25

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IN THIS SPACE**

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

DATE

Daytime Phone #