

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728733

FILED  
Aug 11, 2008  
Secretary of State

Entity Name: NAPLES MARINER, INC.

**Current Principal Place of Business:**

1295 GULF SHORE BOULEVARD SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1295 GULF SHORE BOULEVARD SOUTH  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 59-1541943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: WATSON, PAMELA  
Address: 463 17TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: WATSON, DORCAS H,  
Address: 1295 GULF SHORE BLVD S  
City-St-Zip: NAPLES, FL 34102

Title: VPD ( ) Delete  
Name: WATSON, GORDON  
Address: 463 17TH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: AUSTIN, CAROL  
Address: 90 DUBLIN AVE  
City-St-Zip: NASHUA, NH

Title: PD ( ) Delete  
Name: WATSON, EDWIN JR  
Address: 1911 5TH ST, S  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN M WATSON JR

PD

08/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date