2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 728733

Entity Name: NAPLES MARINER, INC.

Current Principal Place of Business:

1295 GULFSHORE BOULEVARD SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1295 GULFSHORE BOULEVARD SOUTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-1541943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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 04/13/2009

Electronic Signature of Signing Officer or Director — Date