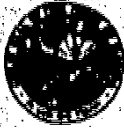


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 738954 (7)**  
1. Corporation Name  
**NAPLES LAND YACHT HARBOR, INC.**

Principal Place of Business Mailing Address  
**2801 PALM ST NAPLES FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/03/1977</b>	3a. Date of Last Report <b>02/04/1994</b>
4. FEI Number <b>59-1683568</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**FAUK, STEVEN WENDY H. GIRARDIN**  
COLLIER PLACE 1 SUITE 100  
3003 TAMAMI TRAIL N  
NAPLES FL 33940

10. Name and Address of New Registered Agent  
81. Name **WENDY GIRARDIN**  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **WENDY H. GIRARDIN** DATE **4/20/95**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEGRAND, RAYMOND 110 PIER DR. NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHSTEDT, CARL 327 PIER A NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUPMAN, BETTY 209 PIER H NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEEZHOLD, AREND 317 PIER E NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPONSELLER, JAY N. 124 PIER B NAPLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOWLER, DEAN 102 PIER K NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James Bright 302 Pier A
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Roland Vandal 113 Pier A
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition George Hussey 320 Pier C
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *[Signature]* **George A. Hussey** DATE: **April 13, 1995** PHONE: **813-774-5484**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)