

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 01 1996 8:00 am
Secretary of State

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



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

3. Date Incorporated or Qualified: 05/03/1977
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-1683568
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
Zip: 29 Country: 30

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRIGHT, JAMES	
STREET ADDRESS	302 PIER A	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VANDAL, ROLAND	
STREET ADDRESS	113 PIER A	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUPMAN, BETTY	
STREET ADDRESS	209 PIER H	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEEZHOLD, AREND	
STREET ADDRESS	317 PIER E	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUSSEY, GEORGE	
STREET ADDRESS	320 PIER C	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOWLER, DEAN	
STREET ADDRESS	102 PIER K	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Michael Butler	
1.3 STREET ADDRESS	113 Pier B	
1.4 CITY-ST-ZIP	Naples, FL 33962	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C.D. Patterson	
2.3 STREET ADDRESS	206 Pier D	
2.4 CITY-ST-ZIP	Naples, FL 33962	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lorraine Eichstedt	
3.3 STREET ADDRESS	327 Pier A	
3.4 CITY-ST-ZIP	Naples, FL 33962	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 119.07(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: George D. Hussey 1/23/96 941-774-3484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)