FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(7)

NAPLES LAND YACHT HARBOR, INC.

Principal Place	of Business	Mailing Address				1 (\$50)(1 10060 PARDI HULIO FOLDE GENER I		i Dibil Dibil B	HEAR BIOM (BO)
2801 PALM ST NAPLES FL 39982- 34112		2801 PALM ST NAPLES FL 34112-8219		ŧ					
						3. Date incorporated or Qualified 05/03/1977	3a. Date	of Last Re 02/01/19	9port 1 96
Principal Place of Business		2a. Mailing Address 26				4. FEI Number Applied For 59-1683568 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fea Re	
City & State	·	City & State		,		Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country	Zip	····	untry		8. This corporation has fiability for in			. 199.032,
24 34112	25 9. Name and Address of Current	29	30	Т			Yes 🗌		
-7-14		81 Name		0. Name and Address of New Rec	istered A	Jent			
4				1	Jose	eph E. Adams			
GIRARDIN, WENDY				82 Street	Address	(P.O. Box Number is Not Acceptable ier Place I. Su	e) 2	10	
COLLIER PLACE 1 SUITE 100				B3	0011	iter Flace 1, Su.	ite z	10	
3003 TAMIAMI TRAIL N				53	3003	3 Tamiami Trail 1	Ν.		
NAPLES FL 33940				84 City	Nap1	o c	FL	85 Zip C 341	Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes.				l L bove-named	corpora	tion submits this statement for the pe	urpose of c	changing it	s registered
 Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of Section 617 0503, Florida. 					poration's	s board of directors. I hereby accep	the appoi	intment as	registered
	a company	MILLE	J 100 010	i.a.o.o.		Ual	9.7		
SIGNATURE _	Signature, typed or profied name of legistered agent	and title if applicable. NOT	E: Registere	d Agent signature	e required w	hen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12
TITLE	P	DELETE	1.1 T	ITLE			Ĺ	Change	Addition
NAME	Butler, Michael		1.2 N	AME					Į.
STREET ADDRESS	113 PIER B		1.3 S	TREET ADDRESS					
CITY-ST-ZIP	NAPLES FL		1.40	ITY-ST-ZIP	<u> </u>				
TITLE	VP	X DELETE	2.1 T	ITLE	VP		_	Change	☐ Addition
NAME	PATTERSON, C.D.		2.2 N	IAME -		est T. Spychalsk	i		
STREET ADDRESS	206 PIER D	•	2.3 \$	TREET ADDRESS		Pier A			į
CITY-ST-ZIP	NAPLES FL			CITY - ST - ZIP	Nap	les, FL 34112			
TITLE	\$	DELETE	3.1 T	ITLE			L	Change	☐ Addition
NAME	EICHSTEDT, LORRAINE		3.2 N						į
STREET ADDRESS	327 PIER A		3.3 \$	TREET ADDRESS					
CITY-ST-ZIP	NAPLES FL			CITY-ST-ZIP				(F)	
TITLE	D	A DELETE	4.1 T		D			Change	Addition
NAME	BEEZHOLD, AREND			NAME		k W. Hamm			Į
STREET ADDRESS	317 PIER E			STREET ADDRESS	717	Pier C			
CITY-ST-ZIP	NAPLES FL	- Determination	_	OTY-ST-ZIP	Nap	les, FL 34112		10	1,2451
TITLE	I SECOND	☐ DELETE	5.1 T				L	Change	☐ Addition
NAME	HUSSEY, GEORGE			IAME					
STREET ADDRESS	320 PIER C			TREET ADDRESS	-				Į
CITY-ST-ZIP	NAPLES FL	AM		CITY - ST - ZIP	 			V 05	
TITLE	D	X DELETE	6.1 7		D	711 . W:11		Change	Addition
NAME	FOWLER, DEAN		6.2 1	iame	Коу	Elburt Mills			

102 PIER K

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

300 Pier A

6.3 STREET ADDRESS

FILED

Jan 23 1997 8:00am

Secretary of State