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**Mar 16, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 738954

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



|                                |       |                     |  |   |  |
|--------------------------------|-------|---------------------|--|---|--|
| 2. Principal Place of Business |       | 2a. Mailing Address |  | 3. Date Incorporated or Qualified   |  |
| 21                             |       | 26                  |  | 05/03/1977  |  |
| Suite, Apt. #, etc.            |       | Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 22                             |       | 27                  |  | 59-1683568  |  |
| City & State                   |       | City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                       |  |
| 23                             |       | 28                  |  | \$8.75 Additional Fee Required  |  |
| Zip                            |       | Country             |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |  |
| 24                             | 34112 | 25                  |  | \$5.00 May Be Added to Fees   |  |
| 29                             |       | 34112               |  | 30  |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| JOSEPH E. ADAMS<br>COLLIER PLACE I, SUITE 210<br>3003 TAMiami TRAIL N<br>NAPLES FL 34103 |  |  |  | 81 Name   |  |  |  |
|  |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | 83  |  |  |  |
|  |  |  |  | 84 City   |  |  |  |
|  |  |  |  | FL  |  |  |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | P <input type="checkbox"/> DELETE             | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | SPYCHALSKI, ERNEST                            | 1.2 NAME  |  |
| STREET ADDRESS             | 321 PIER A                                    | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NAPLES FL                                     | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KEDDIE, JAMES                                 | 2.2 NAME  | Jack W. Hamm   |
| STREET ADDRESS             | 7 GROUPEr DR                                  | 2.3 STREET ADDRESS                                    | 315 Pier C   |
| CITY-ST-ZIP                | NAPLES FL                                     | 2.4 CITY-ST-ZIP                                       | Naples, FL 34112   |
| TITLE                      | S <input type="checkbox"/> DELETE             | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | EICHSTEDT, LORRAINE                           | 3.2 NAME  |  |
| STREET ADDRESS             | 327 PIER A                                    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NAPLES FL                                     | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | JACK W. HAMM                                  | 4.2 NAME  | Joan Bates   |
| STREET ADDRESS             | 315 PIER C                                    | 4.3 STREET ADDRESS                                    | 328 Pier C   |
| CITY-ST-ZIP                | NAPLES FL                                     | 4.4 CITY-ST-ZIP                                       | Naples, FL 34112   |
| TITLE                      | T <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | VANDAL, ROALND                                | 5.2 NAME  |  |
| STREET ADDRESS             | 113 PIER A                                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | NAPLES FL                                     | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MCCLOUGHAN, ROBERT                            | 6.2 NAME  | June Segerson  |
| STREET ADDRESS             | 112 PIER A                                    | 6.3 STREET ADDRESS                                    | 101 Pier E   |
| CITY-ST-ZIP                | NAPLES FL                                     | 6.4 CITY-ST-ZIP                                       | Naples, FL 34112   |

14. I 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, with all other like empowered.

SIGNATURE: *Roland Vandal* **Roland Vandal, Treas.** 3-11-99 941-774-5484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)