


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90082 026 ****61.25

| | | | | | | | |
|--|----------------------|---|---|--|--|----|----------|
| DOCUMENT # 738954 | | | |  | | | |
| 1. Entity Name NAPLES LAND YACHT HARBOR, INC. | | | | | | | |
| Principal Place of Business 2801 PALM ST NAPLES, FL 34112 | | Mailing Address 2801 PALM ST NAPLES, FL 34112 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 4. FEI Number 59-1683568 | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| ADAMS, JOSEPH BANK OF AMERICA CENTER 4501 TAMiami TRAIL N, SUITE 214 NAPLES, FL 34103 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | Zip Code |
| | | | 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | |
| SIGNATURE _____ | | | DATE _____ | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | | |
| | | | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SWARTWOOD, HERBERT A | | NAME | Swartwood, Herbert A. | | | |
| STREET ADDRESS | 25 GROUPEr DR | | STREET ADDRESS | 25 Grouper Drive | | | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | Naples, FL 34112 | | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | VETTER, DONALD | | NAME | Vetter, Donald | | | |
| STREET ADDRESS | 102 PIER D | | STREET ADDRESS | 102 Pier D | | | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | Naples, FL 34112 | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BITTENBENDER, GENE | | NAME | | | | |
| STREET ADDRESS | 103 PIER B | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MICHAUD, ARMAND | | NAME | | | | |
| STREET ADDRESS | 222 PIER E | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | | | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | HUSSEY, GEORGE | | NAME | Flaherty, John F. | | | |
| STREET ADDRESS | 320 PIER C | | STREET ADDRESS | 318 Pier E | | | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | Naples, FL 34112 | | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | SEGERSON, JUNE | | NAME | Butler, Mary | | | |
| STREET ADDRESS | 101 PIER E | | STREET ADDRESS | 112 Pier B | | | |
| CITY-ST-ZIP | NAPLES, FL 34112 | | CITY-ST-ZIP | Naples, FL 34112 | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <u>Herbert A. Swartwood, Pres</u> | | | Date: <u>2-15-06</u> | | Daytime Phone #: <u>239-774-5484</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # | | |

40019951



02102006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1683568 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------|--|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SWARTWOOD, HERBERT A | |
| STREET ADDRESS | 25 GROUPEr DR | |
| CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | VETTER, DONALD | |
| STREET ADDRESS | 102 PIER D | |
| CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BITTENBENDER, GENE | |
| STREET ADDRESS | 103 PIER B | |
| CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MICHAUD, ARMAND | |
| STREET ADDRESS | 222 PIER E | |
| CITY-ST-ZIP | NAPLES, FL 34112 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | HUSSEY, GEORGE | |
| STREET ADDRESS | 320 PIER C | |
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| NAME | SEGERSON, JUNE | |
| STREET ADDRESS | 101 PIER E | |
| CITY-ST-ZIP | NAPLES, FL 34112 | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|-----------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Swartwood, Herbert A. | |
| STREET ADDRESS | 25 Grouper Drive | |
| CITY-ST-ZIP | Naples, FL 34112 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vetter, Donald | |
| STREET ADDRESS | 102 Pier D | |
| CITY-ST-ZIP | Naples, FL 34112 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Flaherty, John F. | |
| STREET ADDRESS | 318 Pier E | |
| CITY-ST-ZIP | Naples, FL 34112 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Butler, Mary | |
| STREET ADDRESS | 112 Pier B | |
| CITY-ST-ZIP | Naples, FL 34112 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Herbert A. Swartwood, Pres Date: 2-15-06 Daytime Phone #: 239-774-5484