


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90076 013 \*\*\*\*61.25

**DOCUMENT # 738954**  
 1. Entity Name  
**NAPLES LAND YACHT HARBOR, INC.**



**40007964**



Principal Place of Business  
 2801 PALM ST  
 NAPLES, FL 34112

Mailing Address  
 2801 PALM ST  
 NAPLES, FL 34112

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
 59-1683568

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

ADAMS, JOSEPH  
 BANK OF AMERICA CENTER  
 4501 TAMiami TRAIL N, SUITE 214  
 NAPLES, FL 34103

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**999 Vanderbilt Beach Road**  
**Suite 501**  
 City **Naples** FL Zip Code **34108**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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	P	<input type="checkbox"/> Delete
NAME	SWARTWOOD, HERBERT A	
STREET ADDRESS	25 GROUPER DR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VETTER, DONALD	
STREET ADDRESS	102 PIER D	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input checked="" 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 type="checkbox"/> Delete
NAME	FLAHERTY, JOHN F	
STREET ADDRESS	318 PIER E	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUTLER, MARY	
STREET ADDRESS	112 PIER B	
CITY-ST-ZIP	NAPLES, FL 34112	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack Bonzelaar	
STREET ADDRESS	117 Pier D	
CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **Herbert A. Swartwood, Pres. 1/10/08** 239-774-5484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #