

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90093 024 ****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**

20020576



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1683568**

Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOSEPH E. ADAMS
COLLIER PLACE I, SUITE 210
3003 TAMiami TRAIL N
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KLUSSMAN, JOAN	
STREET ADDRESS	22 FLOUNDER DRIVE	
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 type="checkbox"/> Delete
NAME	PICKETT, NYLE	
STREET ADDRESS	316 PIER C	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASSELL, CHARLES	
STREET ADDRESS	27 GROUPEr DRIVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUSSEY, GEORGE	
STREET ADDRESS	320 PIER C	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEGERSON, JUNE	
STREET ADDRESS	101 PIER E	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWARTWOOD, HERBERT A.	
STREET ADDRESS	25 Grouper Drive	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETTER, DONALD	
STREET ADDRESS	102 Pier D	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUPMAN, Betty	
STREET ADDRESS	107 Pier H	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMMON, LEROY J.	
STREET ADDRESS	116 Pier H	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, WILLIAM W.	
STREET ADDRESS	11 Grouper Drive	
CITY-ST-ZIP	Naples, FL 34112	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGERSON, JUNE	
STREET ADDRESS	101 Pier E	
CITY-ST-ZIP	Naples, FL 34112	

12. 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 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: *George A. Hussey* **George A. Hussey, Treasurer 1/23/03 239-774-5484**

CR2E037 (10/02)