2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90037 026 ****61.25

DOCUMENT # 747941

1. Entity Name
CLAM COURT MARINA APARTMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1165 CLAM COURT #3 NAPLES, FL 33962	802 ANCHOR RODE DRIVE NAPLES, FL 33940-2739 US

02172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1982190 ☐ Applied For ☐ Not Applicable

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
BLUEMEL, MALCOLM 802 ANCHOR RODE DRIVE C/O ACCOUNTING & TAX ASSOC. OF NAPLES 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, 2004

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	VPD	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	PRATT, WILLIAM R.		NAME	Kirkhuff, Joan	
STREET ADDRESS	242 HIGHWAY 14		STREET ADDRESS	1025 Woodward Drive	
CITY-ST-ZIP	NEWPORT, AR 72112		CITY-ST-ZIP	Madison WI 53704-2241	
TITLE	DS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MYHRA, JULIE		NAME		
STREET ADDRESS	1165 CLAM COURT, #3		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FITZGIBBON, JOHN		NAME		
STREET ADDRESS	7709 W PARKSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	BOARDMAN, OH 44512		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JONES, ROBERT		NAME		
STREET ADDRESS	59 ALDEN ROAD		STREET ADDRESS		
CITY-ST-ZIP	WEST YARMOUTH, MA 02673		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	EARLY, MARIE		NAME		
STREET ADDRESS	1165 CEAM CT., #10		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: _____ 3/30/04 239-262-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #