



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90069 024 \*\*\*\*61.25

<b>DOCUMENT # 747941</b> 1. Entity Name <b>CLAM COURT MARINA APARTMENT ASSOCIATION, INC.</b>					
Principal Place of Business 1165 CLAM COURT #3 NAPLES, FL 33962			Mailing Address 501 GOODLETTE RD N D 304 NAPLES, FL 34102 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FOSTH, CATHERINE FOSTH ACCOUNTING, P.A. 501 GOODLETTE RD. N SUITE D-304 NAPLES, FL 34102				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRK HUFF, JOAN		NAME		
STREET ADDRESS	1025 WOODWARD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MADISON, WI 537042241		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRATT, WILLIAM		NAME		
STREET ADDRESS	2242 HIGHWAY # 14 EAST		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT, AR 72112		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FITZGIBBON, JOHN		NAME		
STREET ADDRESS	7709 W PARKSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	BOARDMAN, OH 44512		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EARLY, MARIE		NAME	VPD EARLY, MARIE	
STREET ADDRESS	1165 CEAM CT., #10		STREET ADDRESS	1165 CLAM CT., #10	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.					
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	