

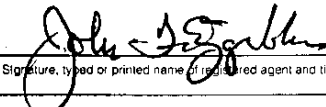
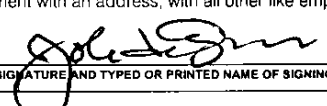


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90036 013 \*\*\*\*61.25

<b>DOCUMENT # 747941</b> 1. Entity Name <b>CLAM COURT MARINA APARTMENT ASSOCIATION, INC.</b>					
Principal Place of Business <b>1165 CLAM COURT # 2</b> <b>NAPLES, FL 33962</b>			Mailing Address <b>501 GOODLETTE RD N - 1165 CLAM COURT # 2 40033013</b> <b>D 304</b> <b>NAPLES, FL 34102 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1165 CLAM COURT</b>		3. Mailing Address <b>1165 CLAM COURT # 2</b>			
Suite, Apt. #, etc. <b>APT # 2</b>		Suite, Apt. #, etc. <b>APT. # 2</b>		02072007 Chg-NP CR2E037 (12/06)	
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>		4. FEI Number <b>59-1982190</b>	
Zip <b>34102</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FOSTH, CATHERINE</b> <b>FOSTH ACCOUNTING, P.A.</b> <b>501 GOODLETTE RD. N SUITE D-304</b> <b>NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name <b>JOHN FITZGIBBON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1165 CLAM COURT</b> <b>APT 2</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34102</b>	
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  <b>JOHN FITZGIBBON</b> <b>3/10/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KIRK HUFF, <del>JOHN</del> CURTIS</b> <b>1025 WOODWARD DRIVE</b> <b>MADISON, WI 537042241</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>PRATT, WILLIAM</b> <b>2242 HIGHWAY # 14 EAST</b> <b>NEWPORT, AR 72112</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SECRETARY / TREASURER</b> <input type="checkbox"/> Delete <b>FITZGIBBON, JOHN</b> <b>7709 W PARKSIDE DR</b> <b>BOARDMAN, OH 44512</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPO</del> <b>PRESIDENT</b> <input type="checkbox"/> Delete <b>EARLY, MARIE</b> <b>1165 CLAM CT., #10</b> <b>NAPLES, FL 34102</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRESIDENT</b> <input type="checkbox"/> Delete <b>MARK FESLEY</b> <b>336 LAMPTON LANE</b> <b>NAPLES FL 34104</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input type="checkbox"/> Delete <b>SUIREY JONES</b> <b>59 ALDEN RD</b> <b>WEST YARMOUTH MA 02673</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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:  <b>JOHN FITZGIBBON</b> <b>3/10/07</b> <b>239 774 9637</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					