## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 747941** 

FILED Apr 27, 2009 Secretary of State

Entity Name: CLAM COURT MARINA APARTMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1165 CLAM COURT #2 1165 CLAM COURT

APT #2 NAPLES, FL 34102 US NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

1165 CLAM COURT #2 1250 TAMIAMI TRAIL NORTH
APT #2 SUITE 201
NAPLES, FL 34102 US NAPLES, FL 34102 US

FEI Number: 59-1982190 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FITZGIBBON, JOHN

1165 CLAM COURT APT 2

NAPLES, FL 34102 US

FOSTH ACCOUNTING, P.A.

1250 TAMIAMI TRAIL NORTH

SUITE 201

NAPLES, FL 34102 US

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.

SIGNATURE: CATHERINE M. FOSTH, CPA 04/27/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: P (X) Change ( ) Addition Name: KIRK HUFF, CURTIS Name: KIRK HUFF, CURTIS

 Address:
 1025 WOODWARD DRIVE
 Address:
 1025 WOODWARD DRIVE

 City-St-Zip:
 MADISON, WI 537042241
 City-St-Zip:
 MADISON, WI 537042241 US

Title: ST () Delete Title: ST (X) Change () Addition Name: FITZGIBBON, JOHN Name: METZGER, RICHARD

Title: D ( ) Delete Title: ( ) Change ( ) Addition

Name: OCONNELL, MAUREEN Name:
Address: 1165 CLAM COURT #6 Address:

 City-St-Zip:
 NAPLES, FL 34102
 City-St-Zip:

 Title:
 P ( ) Delete
 Title:
 D (X) Change ( ) Addition

 Name:
 FEGLEY, MARK
 Name:
 FEGLEY, MARK

Address: 336 LAMPTON LANE
City-St-Zip: NAPLES, FL 34104

Name: FEGLE 1, MARK
Address: 336 LAMPTON LANE
City-St-Zip: NAPLES, FL 34104

NAPLES, FL 34104

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JONES, SHIRLEY
 Name:

 Address:
 59 ALDON RD.
 Address:

 Address:
 59 ALDON RD.
 Address:

 City-St-Zip:
 WEST YARMOUTH, MA 02673
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE M FOSTH, CPA RA 04/27/2009