


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90168 050 \*\*\*\*61.25

<b>DOCUMENT # 759554</b> 1. Entity Name <b>THE ISLAND ASSOCIATION OF NAPLES, INC.</b>					
Principal Place of Business <b>187 FOREST LAKES BLVD. NAPLES, FL 34105</b>			Mailing Address <b>187 FOREST LAKES BLVD. NAPLES, FL 34105</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2416125</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GRACEY, ROBERT T 187 FOREST LAKES BLVD NAPLES, FL 34105</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VTD	<input checked="" type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input checked="" type="checkbox"/> Addition         </div>	
NAME	<b>BURDAKIN, JOHN</b>		NAME	<b>D. A. MARVEL, WILLIAM</b>	
STREET ADDRESS	<b>1520 IMPERIAL GOLF COURSE</b>		STREET ADDRESS	<b>1520 IMPERIAL GOLF COURSE BLVD. #215</b>	
CITY-ST-ZIP	<b>NAPLES, FL</b>		CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input checked="" type="checkbox"/> Addition         </div>	
NAME	<b>MANES, ANTHONY</b>		NAME	<b>D. NICHOLAS, DARLENE</b>	
STREET ADDRESS	<b>1510 IMPERIAL GOLF COURSE BLVD #114</b>		STREET ADDRESS	<b>1520 IMPERIAL GOLF COURSE BLVD. #216</b>	
CITY-ST-ZIP	<b>NAPLES, FL</b>		CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
NAME	<b>FARHET, CAROLYN</b>		NAME		
STREET ADDRESS	<b>1520 IMPERIAL GOLF COURSE BLVD., #233</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input checked="" type="checkbox"/> Addition         </div>	
NAME	<b>AURELIUS, HOWARD</b>		NAME	<b>D. MANGIANTE, ROBERT</b>	
STREET ADDRESS	<b>1520 IMPERIAL GOLF COURSE BLVD.</b>		STREET ADDRESS	<b>1530 IMPERIAL GOLF COURSE BLVD #313</b>	
CITY-ST-ZIP	<b>NAPLES, FL</b>		CITY-ST-ZIP	<b>NAPLES, FL 34110</b>	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
NAME	<b>GRACEY, ROBERT T</b>		NAME		
STREET ADDRESS	<b>187 FOREST LAKES BLVD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL</b>		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
NAME	<b>BRAVO, ANDRES</b>		NAME		
STREET ADDRESS	<b>1510 IMPERIAL GOLF COURSE., #112</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NAPLES, FL 34110</b>		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> <u>Robert T. Gracey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/14/07</u> <small>Date</small>		<u>239-648-5667</u> <small>Daytime Phone #</small>