
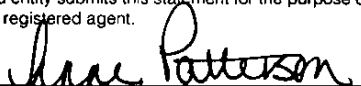
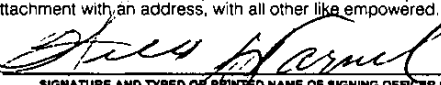


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90063 022 \*\*\*\*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	02202008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2416125</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
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 <b>Anne Patterson</b> Street Address (P.O. Box Number is Not Acceptable) <b>Accounting + Tax Associates</b> <b>802 Anchor Road Drive</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</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 			DATE <b>3-27-08</b>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
Make check payable to Florida Department of State			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARVEL, WILLIAM 1520 IMBERIAL GOLF COURSE BLVD #225 NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP McLormack, Robert 1510 Imperial Golf Course Blvd #111 Naples FL 34110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, DARLENE 1510 IMPERIAL GOLF COURSE BLVD #114 NAPLES, FL 34110 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARHET, CAROLYN 1520 IMPERIAL GOLF COURSE BLVD., #233 NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGIANTE, ROBERT 1520 IMPERIAL GOLF COURSE BLVD #313 NAPLES, FL 34110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GRACEY, ROBERT T 187 FOREST LAKES BLVD NAPLES, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRAVO, ANDRES 1510 IMPERIAL GOLF COURSE., #112 NAPLES, FL 34110 <input type="checkbox"/> Delete		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 			Date <b>3/27/08</b> Daytime Phone # <b>239-262-1874</b>		