**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L50124** **(1)**

1. Corporation Name

**ISLAND MARINA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 28000 SPANISH WELLS DRIVE<br>P. O. BOX 2288<br>BONITA SPRINGS FL 33959<br>US | 28000 SPANISH WELL DRIVE<br>P. O. BOX 2288<br>BONITA SPRINGS FL 33959<br>US |

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified: 02/08/1990 | 3a. Date of Last Report: 01/31/1995 |
| 21 | 26 | 4. FEI Number: 36-3716584 | ☐ Applied For ☐ Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| 23 City & State | 28 City & State | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| 24 Zip / 25 Country | 29 Zip / 30 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No | |

**9. Name and Address of Current Registered Agent**

JOHNSON, KENNETH
3174 E TAMIAMI TRAIL
NAPLES FL 33394

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (If changing Registered Agent, Registered Agent's signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCARDLE, EDWARD J. | | 1.2 NAME | | |
| STREET ADDRESS | 5101 CAROLINE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOUSTON TX | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCARDLE, DAVID A. | | 2.2 NAME | | |
| STREET ADDRESS | 4051 E. MAIN STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. CHARLES IL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KELLY, THOMAS J. | | 3.2 NAME | | |
| STREET ADDRESS | 4051 E. MAIN STREET | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. CHARLES IL | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 4.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | KEPLEY, RICHARD | | 4.2 NAME | KEPLEY, RICHARD | |
| STREET ADDRESS | 9801 TREASURE CAY LANE | | 4.3 STREET ADDRESS | 28000 SPANISH WELLS BLVD. | |
| CITY-ST-ZIP | BONITA SPRINGS FL | | 4.4 CITY-ST-ZIP | BONITA SPRINGS, FL 33923 | |
| TITLE | AS | ☐ DELETE | 5.1 TITLE | AS | ☒ Change ☐ Addition |
| NAME | CRAWFORD, J. STEPHEN | | 5.2 NAME | CRAWFORD, J. STEPHEN | |
| STREET ADDRESS | 5551 RIDGEWOOD DRIVE | | 5.3 STREET ADDRESS | 5129 CASTELLO DRIVE, SUITE 1 | |
| CITY-ST-ZIP | NAPLES FL | | 5.4 CITY-ST-ZIP | NAPLES, FL 33940 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (12/95)

**14.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Secretary **Thomas J. Kelly 1/17/96 708/584-6580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Secretary