

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90183 046 ****61.25

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DOCUMENT # N00000000306					
1. Entity Name NAPLES BAY YACHT STOWAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business NAPLES BAY YACH STOWAGE 750 RIVER POINT DRIV NAPLES, FL 34102 US			Mailing Address NAPLES BAY YACH STOWAGE 750 RIVER POINT DRIV NAPLES, FL 34102 US		
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 59-3618256	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIRKO, DAVID 3890 13TH AVE. SW NAPLES, FL 34117			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE S NAME PERDSTEIN, FRED STREET ADDRESS 4370 INCADOVE CT. CITY-ST-ZIP NAPLES, FL 341198818	<input checked="" type="checkbox"/> Delete		TITLE D NAME DAVE HOUCK STREET ADDRESS 750 RIVER POINT DR CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME EWERT, TOM STREET ADDRESS 8015 PINACLE LANE, #504 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE VP/S/T NAME CHIP OLSEN STREET ADDRESS 750 RIVER POINT DR CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ALEXANDER, ERIC STREET ADDRESS 654 SQUARE CIRCLE, #201 CITY-ST-ZIP NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete		TITLE D NAME BOB ESTILE STREET ADDRESS 750 RIVER POINT DR CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SIRKO, DAVE STREET ADDRESS 3890 13TH AVE. SW CITY-ST-ZIP NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PAULICK, ANGREW STREET ADDRESS 2335 TAMIAMI TR. N., #302A CITY-ST-ZIP NAPLES, FL 34103	<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	<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: <i>David Sirko</i> 4/24/07 239-793-4447					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					