

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000306

FILED
Apr 24, 2009
Secretary of State

Entity Name: NAPLES BAY YACHT STOWAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

NAPLES BAY YACHT STOWAGE
750 RIVER POINT DRIV
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

NAPLES BAY YACHT STOWAGE
750 RIVER POINT DRIV
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-3618256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BITTER, MARGARET A
909 10TH STREET, SOUTH, SUITE 105
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

RITTER, MARGARET A
909 10TH STREET, SOUTH, SUITE 105
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: MARGARET A. RITTER

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAPPELL, EDWARD
Address: 750 RIVER POINT DR
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: MENEFE, EDWARD
Address: 750 RIVER POINT DR
City-St-Zip: NAPLES, FL 34102

Title: VST () Delete
Name: OLSEN, CHIP
Address: 750 RIVER POINT DR.
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: ESTILE, BOB
Address: 750 RIVER POINT DR
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: GILHART, JOHN
Address: 750 RIVER POINT DR
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: CHAPPELL, EDWARD
Address: 750 RIVER POINT DR
City-St-Zip: NAPLES, FL 34102

Title: D (X) Change () Addition
Name: MENEFE, EDWARD
Address: 750 RIVER POINT DR
City-St-Zip: NAPLES, FL 34102

Title: VD (X) Change () Addition
Name: OLSEN, CHIP
Address: 750 RIVER POINT DR.
City-St-Zip: NAPLES, FL 34102

Title: D (X) Change () Addition
Name: FLETKE, ALAN
Address: 750 RIVER POINT DR
City-St-Zip: NAPLES, FL 34102

Title: () Change () Addition
Name:
Address:
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: EDWARD CHAPPELL

ST

04/24/2009

Electronic Signature of Signing Officer or Director

Date