


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90075 004 ****61.25

DOCUMENT # N00000007579									
1. Entity Name NAPLES BOAT CLUB MASTER ASSOCIATION, INC.									
Principal Place of Business 909 10TH ST S. #101 NAPLES, FL 34102			Mailing Address 909 10TH ST S. #101 NAPLES, FL 34102						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
City & State			City & State						
Zip	Country	Zip	Country	4. FEI Number 59-3698513 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td><input type="checkbox"/></td> </tr> </table>		Applied For		Not Applicable	<input type="checkbox"/>
Applied For									
Not Applicable	<input type="checkbox"/>								
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SWANSON, JOHN C 909 TENTH STREET SOUTH #105 NAPLES, FL 34102				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>									
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	WEINER, MONTE		NAME						
STREET ADDRESS	909 10TH STREET SO., #205		STREET ADDRESS						
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP						
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	PETERSON, PETER		NAME						
STREET ADDRESS	909 10TH STREET SO., #103		STREET ADDRESS						
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP						
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	BURNS, KEVIN		NAME						
STREET ADDRESS	6020 22ND AVENUE N.W.		STREET ADDRESS						
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP						
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	FULLER, JAN B		NAME						
STREET ADDRESS	9833 ALHAMBRA LANE		STREET ADDRESS						
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP						
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME	SWANSON, JOHN C		NAME						
STREET ADDRESS	909 10TH STREET SO., #105		STREET ADDRESS						
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Peter R. Peterson</i>		Peter R. Peterson VP 3/18/05							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>					

239-430-4994