


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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



04202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3698513 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SWANSON, JOHN C
 909 TENTH STREET SOUTH
 #105
 NAPLES, FL 34102

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000531464
 05/06/06-80044-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEINER, MONTE
STREET ADDRESS	909 10TH STREET SO., #205
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	VD
NAME	PETERSON, PETER
STREET ADDRESS	909 10TH STREET SO., #103
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	TD
NAME	BURNS, KEVIN
STREET ADDRESS	6020 22ND AVENUE N.W.
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	VD
NAME	SWANSON, JOHN C
STREET ADDRESS	909 10TH STREET SO., #105
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  Director
 John C. Swanson 4/20/06 239-430-4294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #