


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90380 047 ****61.25

DOCUMENT # N00000007581

1. Entity Name
NAPLES BOAT CLUB BUILDING THREE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
909 10TH STREET SOUTH #101 NAPLES, FL 34102

Mailing Address
909 10TH STREET SOUTH #101 NAPLES, FL 34102

40061510



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202006 Chg-NP CR2E037 (11/05)

4. FEI Number 01-0636558		Applied For <input type="checkbox"/> Not Applicable
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
SWANSON, JOHN C 909 10TH STREET SO., #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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	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
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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	PETERSON, PETER R			NAME			
STREET ADDRESS	2305 PINWOODS CIRCL			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34105			CITY-ST-ZIP			
TITLE	TD	<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	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUMGARTNER, JERRY			NAME			
STREET ADDRESS	PO BOX 50949			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 339940949			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WAXLER, CAROL			NAME			
STREET ADDRESS	110 NORTH DIXIE HWY			STREET ADDRESS			
CITY-ST-ZIP	STUART, FL 34994			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BIONDO, JOSEPH R			NAME	Coates, Larry		
STREET ADDRESS	909 10TH STREET SO., #202			STREET ADDRESS	909 10th St + 501, #305		
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	Naples, FL 34102		
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 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: *Pete Peterson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. Pete Peterson 4/20/06 239-430-4994
Date Daytime Phone #