


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90205 039 \*\*\*\*61.25

<b>DOCUMENT # N00000007581</b>					
<b>1. Entity Name</b> NAPLES BOAT CLUB BUILDING THREE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 909 10TH STREET SOUTH #101 NAPLES, FL 34102			<b>Mailing Address</b> 909 10TH STREET SOUTH #101 NAPLES, FL 34102		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 01-0636558	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SWANSON, JOHN C 909 10TH STREET SO., #105 NAPLES, FL 34102			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> PETERSON, PETER R <b>STREET ADDRESS</b> 2305 PINEWOODS CIRCL <b>CITY-ST-ZIP</b> NAPLES, FL 34105	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> DOUGLAS COHN <b>STREET ADDRESS</b> 909 10th Street So., #205 <b>CITY-ST-ZIP</b> Naples FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> WEINER, MONTE <b>STREET ADDRESS</b> 909 10TH STREET SO., #205 <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> DIANE TAILLON <b>STREET ADDRESS</b> 909 10th Street So., #204 <b>CITY-ST-ZIP</b> Naples, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> BAUMGARTNER, JERRY <b>STREET ADDRESS</b> PO BOX 50949 <b>CITY-ST-ZIP</b> FORT MYERS, FL 339940949	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> COATES, LARRY <b>STREET ADDRESS</b> 909 10TH ST SOUTH #305 <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> WAXLER, CAROL <b>STREET ADDRESS</b> 110 NORTH DIXIE HWY <b>CITY-ST-ZIP</b> STUART, FL 34994	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> COATES, LARRY <b>STREET ADDRESS</b> 909 10TH ST SOUTH #305 <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> COATES, LARRY <b>STREET ADDRESS</b> 909 10TH ST SOUTH #305 <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> COATES, LARRY <b>STREET ADDRESS</b> 909 10TH ST SOUTH #305 <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> COATES, LARRY <b>STREET ADDRESS</b> 909 10TH ST SOUTH #305 <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> COATES, LARRY <b>STREET ADDRESS</b> 909 10TH ST SOUTH #305 <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Peter R. Peterson</i> <b>Peter R. Peterson</b> <b>4/17/07</b> <b>(239) 430-4994</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40070930



04102007 Chg-NP CR2E037 (12/06)

**4. FEI Number**  
01-0636558

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 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, 2007**

**9. Election Campaign Financing**  
 Trust Fund Contribution. ☐ **\$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**

<b>TITLE</b> PD <b>NAME</b> PETERSON, PETER R <b>STREET ADDRESS</b> 2305 PINEWOODS CIRCL <b>CITY-ST-ZIP</b> NAPLES, FL 34105	<input type="checkbox"/> Delete
<b>TITLE</b> TD <b>NAME</b> WEINER, MONTE <b>STREET ADDRESS</b> 909 10TH STREET SO., #205 <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> TD <b>NAME</b> BAUMGARTNER, JERRY <b>STREET ADDRESS</b> PO BOX 50949 <b>CITY-ST-ZIP</b> FORT MYERS, FL 339940949	<input type="checkbox"/> Delete
<b>TITLE</b> SD <b>NAME</b> WAXLER, CAROL <b>STREET ADDRESS</b> 110 NORTH DIXIE HWY <b>CITY-ST-ZIP</b> STUART, FL 34994	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> COATES, LARRY <b>STREET ADDRESS</b> 909 10TH ST SOUTH #305 <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> COATES, LARRY <b>STREET ADDRESS</b> 909 10TH ST SOUTH #305 <b>CITY-ST-ZIP</b> NAPLES, FL 34102	<input type="checkbox"/> Delete

**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:** *Peter R. Peterson* **Peter R. Peterson** **4/17/07** **(239) 430-4994**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #