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Apr 04, 2008 8:00 am
Secretary of State
04-04-2008 90017 042 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007776

1. Entity Name
NAPLES BOAT CLUB WET SLIP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
909 10TH ST SO. #101 NAPLES, FL 34102	909 10TH ST SO. #101 NAPLES, FL 34102

03312008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
01-0637299
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, KENNETH R
4001 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAPP, ROY
STREET ADDRESS	1545 4TH ST SO
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	STRASSEL, MOLLY
STREET ADDRESS	896 10TH STREET SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	HANNO, MARSHALL
STREET ADDRESS	27741 MARINE PT DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	TD
NAME	KLOHN, WILLIAM
STREET ADDRESS	2180 IMMOKALEE RD STE 309
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	MCCMBS, JOSEPH
STREET ADDRESS	712 N MAIN ST
CITY-ST-ZIP	KELLER, TX 76248
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: R Roley Strassel Sec/Treas. _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #