

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90174 001 ****61.25

DOCUMENT # N03000002239 1. Entity Name ESPLANADE MARINA ASSOCIATION, INC.					
Principal Place of Business 365 5TH AVE. SOUTH, SUITE 201 NAPLES, FL 34102 760 N. Collier Blvd			Mailing Address 365 5TH AVE. SOUTH, SUITE 201 NAPLES, FL 34102		
2. Principal Place of Business 760 N. Collier Blvd Suite, Apt. #, etc.			3. Mailing Address c/o Volvo Corp. 406 Bald Eagle Dr. #614 Suite, Apt. #, etc.		
City & State Marco Island, FL		City & State Marco Island, FL		4. FEI Number 65-1183013	
Zip 34145		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, RICHARD C ESQ. 5551 RIDGEWOOD DR., SUITE 501 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Cheryl R. Kraus Esquire Street Address (P.O. Box Number is Not Acceptable) 1072 Goodletts Road North City Naples FL Zip Code 34102	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-12-06	
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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME GAGNE, PETER STREET ADDRESS 375 5TH AVE. SOUTH, SUITE 201 CITY-ST-ZIP NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BRUNSVOLD, MARK STREET ADDRESS 375 5TH AVE. SOUTH, SUITE 201 CITY-ST-ZIP NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GORDON, LARRY STREET ADDRESS 375 5TH AVE. SOUTH, SUITE 201 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE President NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Treasurer NAME Stoias, Robert F. STREET ADDRESS 907 Raymond St. CITY-ST-ZIP Hialeah Bay, FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE Secretary NAME Cassello, Anthony STREET ADDRESS 17340 Kimbank Ave. CITY-ST-ZIP South Holland, FL 34173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Lawrence Gordon LAWRENCE GORDON 4/24/06 (239) 825-5325 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					