

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90067 008 ****61.25

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1. Entity Name

ESPLANADE MARINA ASSOCIATION, INC.



Principal Place of Business

760 N COLLIER BLVD
MARCO ISLAND, FL 34145

Mailing Address

C/O VOLHR CORP.
606 BALD EAGLE DR 614
MARCO ISLAND, FL 34145

40024319



DO NOT WRITE IN THIS SPACE

01182007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-1183013

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRAUS, CHERYL R ESQ
1072 GENDLETTE RD N
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME GORDON, LARRY
STREET ADDRESS 375 5TH AVE. SOUTH, SUITE 201
CITY-ST-ZIP NAPLES, FL 34102

TITLE T
NAME STOIA, ROBERT F
STREET ADDRESS 907 RAYMOND CT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE S
NAME CASSELLO, ANTHONY
STREET ADDRESS 17340 KIMBARK AVE
CITY-ST-ZIP SOUTH HOLLAND, IL 60473

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07

Date

Daytime Phone #