

FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90024 005 ****61.25

DOCUMENT # N03000002239

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**

40063306



DO NOT WRITE IN THIS SPACE

03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1183013	Applied For Not Applicable
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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, LARRY 375 5TH AVE. SOUTH, SUITE 201 NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOIA, ROBERT F → <i>Stoico</i> 907 RAYMOND CT MARCO ISLAND, FL 34145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSELLO, ANTHONY 17340 KIMBARK AVE SOUTH HOLLAND, IL 60473
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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

Date

Daytime Phone #

4/2/08 239-389-3600