
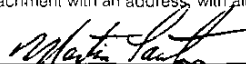


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90086 023 ****61.25

DOCUMENT # N04543 1. Entity Name RIVER POINTE MARINA, INC.					
Principal Place of Business 811 RIVER POINTE DRIVE NAPLES, FL 34102 US			Mailing Address P.O. BOX 9355 NAPLES, FL 34101-9355 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07102007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2443420	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KRAUS, CHERYL R 1072 GOODLETTE RD NAPLES, FL 33940			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	TD	<input checked="" type="checkbox"/> Delete	TITLE	T/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRIANT, PENELOPE		NAME	Martin Lawton	
STREET ADDRESS	PO BOX 9355		STREET ADDRESS	7014 Sugar Magnolia Circle	
CITY-ST-ZIP	NAPLES, FL 34101		CITY-ST-ZIP	Naples, FL 34109	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELL, RAY		NAME		
STREET ADDRESS	6121 BUR OAKS LANE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONDON, JOHN		NAME		
STREET ADDRESS	2580 10TH ST N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341034583		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CACO, BOB		NAME	Michael S. Zimmerman	
STREET ADDRESS	P.O. BOX 8926		STREET ADDRESS	5115 Post Oak Ln.	
CITY-ST-ZIP	NAPLES, FL 341018626		CITY-ST-ZIP	Naples, FL 34105	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENNEDY, TED		NAME		
STREET ADDRESS	2377 KWES LAKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34112		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLEY, MARYANN		NAME		
STREET ADDRESS	2818 SAILORS WAY		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP		
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: 			Martin Lawton Treasurer 7-10-07 239-659-7932		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone *</small>		