

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04543

**FILED**  
**Jan 10, 2010**  
**Secretary of State**

**Entity Name:** RIVER POINTE MARINA, INC.

**Current Principal Place of Business:**

811 RIVER POINTE DRIVE  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9355  
NAPLES, FL 341019355 US

**New Mailing Address:**

**FEI Number:** 59-2443420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAUS, CHERYL R  
1072 GOODLETTE RD  
NAPLES, FL 33940 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: LAWTON, MARTIN  
Address: 7014 SUGAR MAGNOLIA CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: SD  
Name: SHOFER, LOIS  
Address: 4757 STRATFORD CT., APT 2502  
City-St-Zip: NAPLES, FL 34103

Title: D  
Name: LANDON, JOHN  
Address: 2580 10TH ST N  
City-St-Zip: NAPLES, FL 341034583

Title: PD  
Name: ZIMMERMAN, MICHAEL S  
Address: 5115 POST OAK LN  
City-St-Zip: NAPLES, FL 34105

Title: D  
Name: HIGGS, ALESSANDRA  
Address: 1285 GULF SHORE BLVD. N., 1-C  
City-St-Zip: NAPLES, FL 34102

Title: D  
Name: STEELE, RAY  
Address: 2601 N. TIMBER LANE  
City-St-Zip: MUNCIE, IN 47304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTY LAWTON

TD

01/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date