


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10705** (4)
1. Corporation Name
THE ASSOCIATION OF PORT OF THE ISLANDS, INC.



Principal Place of Business 140 EVENINGSTAR CAY NAPLES FL 33961	Mailing Address 140 EVENINGSTAR CAY NAPLES FL 33961
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 253 Sunrise Cay Suite, Apt. #, etc. 22 102 City & State 23 NAPLES FL Zip 24 34114 Country 25 US		2a. Mailing Address 26 253 Sunrise Cay Suite, Apt. #, etc. 27 102 City & State 28 Naples, FL Zip 29 34114 Country 30 US		3. Date Incorporated or Qualified 08/14/1985	3a. Date of Last Report 03/28/1996
4. FEI Number 65-0355310		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARNELL, MARY A
5551 RIDGEWOOD DR
#201
NAPLES FL 33963**

81 Name MARY A. MARNELL
82 Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Blvd
83 Suite Suite 210
84 City NAPLES
85 Zip Code FL 34103

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	BARNARD, THOMAS L	1.2 NAME	BARNARD, Thomas L.
STREET ADDRESS	140 EVENINGSTAR CAY	1.3 STREET ADDRESS	253 SUNRISE CAY, #102
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES, FL 34114
TITLE	D	2.1 TITLE	D
NAME	SMITH, CLARENCE	2.2 NAME	SMITH, CLARENCE
STREET ADDRESS	140 EVENINGSTAR CAY	2.3 STREET ADDRESS	253 SUNRISE CAY #102
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 34114
TITLE	VD	3.1 TITLE	P
NAME	HARDY, ROBERT S	3.2 NAME	HARDY, Robert S
STREET ADDRESS	6289 BURNHAM ROAD	3.3 STREET ADDRESS	253 SUNRISE CAY #102
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	NAPLES, FL 34114
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7-19-97 99/389-1808

CR2E037 (4/97)