

DOCUMENT # N10705

1. Entity Name

THE ASSOCIATION OF PORT OF THE ISLANDS, INC.

FILED  
May 01, 2000 8:00 am  
Secretary of State

02-24-2000 90014 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

253 SUNRISE CAY  
102  
NAPLES FL 34114  
US

253 SUNRISE CAY  
102  
NAPLES FL 34114-9698  
US

2. Principal Place of Business

3. Mailing Address

205 Sunrise Cay

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#105

City & State

City & State

Naples, FL

Zip

Country

Zip

Country

34114

US

4. FEI Number

65-0355310

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MARNELL, MARY A  
5150 N. TAMMARI TRAIL  
STE 002  
NAPLES FL 34103~~

Name

T. BARNARD

Street Address (P.O. Box Number is Not Acceptable)

205 Sunrise Cay

#105

City

Naples

FL

Zip Code

34114

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

3-4-00

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BARNARD, THOMAS L	
STREET ADDRESS	221 SUNRISE CAY #104	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CLARENCE	
STREET ADDRESS	221 SUNRISE CAY #104	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARDY, ROBERT S.	
STREET ADDRESS	221 SUNRISE CAY #104	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, Thomas L.	
STREET ADDRESS	205 Sunrise Cay, #105	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clarence Smith	
STREET ADDRESS	205 Sunrise Cay #105	
CITY-ST-ZIP	Naples FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Hardy	
STREET ADDRESS	205 Sunrise Cay, #105	
CITY-ST-ZIP	Naples, FL 34114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00

Date

941-389-1808

Daytime Phone #

CR2E037 (9/99)