


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N10705 1. Entity Name THE ASSOCIATION OF PORT OF THE ISLANDS, INC.	
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Principal Place of Business 156 VENUS CAY NAPLES, FL 34114 US	Mailing Address 156 VENUS CAY NAPLES, FL 34114 US
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0355310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRAUS & BALLENGER, P.A. 1072 GOODLETTE ROAD NAPLES, FL 34102	DO NOT WRITE IN THIS SPACE
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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, 2007**

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	DP DILLON, JOE 129 WILDERNESS CAY NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DYER, JIM 167 CAYS DRIVE NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZIKO, SHARON 156 VENUS CAY NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUCOFFRE, JULIE 108 NEWPORT CAY NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWKER, JANET 112 NEWPORT CAY NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/17/07-80045-024 70.00

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

4/15/07 888-640-2700
Daytime Phone