SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -3 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16924 (5)

1. Corporation Name

DOCKSIDE BOARDWALK MERCHANTS' ASSOCIATION INC.

Principal Place of Business	Mailing Address
% ROGER WATSON 1100 SIXTH AVE. SOUTH NAPLES FL 33940	% ROGER WATSON 1100 SIXTH AVE. SOUTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1986
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2833566 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WATSON, ROGER 1100 SIXTH AVE. SOUTH NAPLES FL 33940	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	KOVAKS, GLORIA	1.2 NAME	KOVACS, GLORIA
STREET ADDRESS	1100 SIXTH AVE., SOUTH	1.3 STREET ADDRESS	1100 6Th AVE S
CITY ST ZIP	NAPLES FL	1.4 CITY ST ZIP	NAPLES FLA
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	BOYLE, ROBERT	2.2 NAME	
STREET ADDRESS	1100 SIXTH AVE., SOUTH	2.3 STREET ADDRESS	
CITY ST ZIP	NAPLES FL	2.4 CITY ST ZIP	
TITLE	SD	3.1 TITLE	MIKE HANSON SD ☒ Change ☐ Addition
NAME	LYKOS, BARBARA	3.2 NAME	1100 6Th AVE S.
STREET ADDRESS	1100 SIXTH AVE., SOUTH	3.3 STREET ADDRESS	NAPLES FL
CITY ST ZIP	NAPLES FL	3.4 CITY ST ZIP	
TITLE	TD	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	BUTLER, JOAN	4.2 NAME	VERA HORNE
STREET ADDRESS	1100 SIXTH AVE, SOUTH	4.3 STREET ADDRESS	1100 6Th ave S.
CITY ST ZIP	NAPLES FL	4.4 CITY ST ZIP	NAPLES FlA
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: VERA M. HORNE 6/16/95 261-7791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E037 (3/95)

0014949