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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
09/22/1986

3a. Date of Last Report
07/03/1995

2. Principal Place of Business

2a. Mailing Address

21 **1100 6th AVE S**

26 **1100 6th AVE S,**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 **11-A**

City & State
23 **NAPLES FL**

City & State
28 **NAPLES FL**

Zip
24 **33940**

Country
25 **US**

Zip
29 **33940**

Country
30 **US**

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

Dockside Realty Trust

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

Michael Zografos

83

4041 Gulf Shore Blvd, #107

84 City

Naples

FL

85 Zip Code
33940

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 **Dockside Realty Trust, Michael Zografos** *Michael Zografos* **805** **4/30/96**
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
NAME **PD KOVACS, GLORIA** ☐ DELETE
STREET ADDRESS **1100 SIXTH AVE., SOUTH**
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME **VPD BOYLE, ROBERT** ☐ DELETE
STREET ADDRESS **1100 SIXTH AVE., SOUTH**
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **HENRICH, ROBERT**
2.3 STREET ADDRESS **1100 SIXTH AVE., SOUTH**
2.4 CITY-ST-ZIP **NAPLES FL**

TITLE
NAME **SD HANSON, MIKE** ☐ DELETE
STREET ADDRESS **1100 6TH AVENUE S**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME **TD HORNE, VERA** ☐ DELETE
STREET ADDRESS **1100 6TH THANE STREET**
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **JAMES BALOCKI**
4.3 STREET ADDRESS **1100 SIXTH AVE., SOUTH**
4.4 CITY-ST-ZIP **NAPLES FL**

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

941-434-2562

Daytime Phone #

CR2E037 (12/95)