

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Montan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16924 (5)
1. Corporation Name
DOCKSIDE BOARDWALK MERCHANTS' ASSOCIATION INC.

Principal Place of Business 1100 6TH AVE. S. NAPLES FL 33940	Mailing Address 1100 6TH AVE. S. 11-A NAPLES FL 34102-6759
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 09/22/1986		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2833566		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent DOCKSIDE REALTY TRUST MICHAEL ZOGRAFOS 4041 GULF SHORE BLVD., #407 NAPLES FL 33940				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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	PO	<input type="checkbox"/> DELETE		1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOVACS, GLORIA			1.2 NAME	GUY CERITO		
STREET ADDRESS	1100 6TH AVE. S.			1.3 STREET ADDRESS	1100 6TH AVE S		
CITY-ST-ZIP	NAPLES FL 33940			1.4 CITY-ST-ZIP	Naples FL 34102		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENRICH, ROBERT			2.2 NAME	Shirley D'Angelo		
STREET ADDRESS	1100 6TH AVE. S.			2.3 STREET ADDRESS	1100 6TH AVE S.		
CITY-ST-ZIP	NAPLES FL 33940			2.4 CITY-ST-ZIP	NAPLES FL		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HANSON, MIKE			3.2 NAME			
STREET ADDRESS	1100 6TH AVE. S.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33940			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALOCKI, JAMES			4.2 NAME	GILT KOVACS		
STREET ADDRESS	1100 6TH AVE. S.			4.3 STREET ADDRESS	1100 6TH AVE S		
CITY-ST-ZIP	NAPLES FL 33940			4.4 CITY-ST-ZIP	NAPLES 34102		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97

Daytime Phone # 0066390

CR2E037 (9/96)