FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

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DOCUMENT # **N26408**

LA PENINSULA MARINA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

305 LAPENINSULA BLVD. NAPLES FL 33962

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2. Principal Pl	ace of Business	2a. Mailing Address				1	•	orated or Qualifed			- 1
21		26					05/12/19	38			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					FEI Number				lied For
22		27					65-01268	87			Applicable
City & State	e	City & State				5.	Certifcate of	Status Desired		\$8.75 A	
23		28					•••	<u> </u>		Fee Rec	`
Zip	Country	Zip	Cou	ntry		- 1		npaign Financing		\$5.00	
24	25	29	30	г			Trust Fund		Pagistarad	Added to	rees
	9. Name and Address of Curren	nt Registered Agent		81	Name	10.	Name and	Address of New I	registered	Agent	
				"	Name						
	FAULHABER			82	Street Ad	ddress (P.	.O. Box Num	ber is Not Accepta	able)		
305 LA PE	eninsula blvd.			83			-				
NAPLES F	L 33962			ြီ							
				84	City				FL	85 Zip C	ode
				Ш	L			-1-1			rogistored
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State	of Florida. Such change was	authorized	l by i	the corpora	orporation ation's bo	ard of direct	s statement for the ors. I hereby acce	pt the appo	intment as reg	istered
agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503, Fi	lorida Stati	utes.							
SIGNATURE	John A Jaulas		TOR-	7	REAS	PURET	2_			1/99	
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT ND DIRECTORS	TE: Registered	Agent	t signature requ			CHANGES TO OF	FICERS AL	ND DIRECTO	RS IN 12
TITLE		DELETE	1.1 TR	n E			OBITIONO,	377,41020 10 07	. ,	Change	Addition
NAME	PD		1.2 NA								_
	JOE W. FRAZIER, JR.				ADDRESS						i
STREET ADDRESS	141 LA PENINSULA BLVD. NAPLES FL			TY-ST							
CITY-ST-ZIP TITLE	DT	☐ DELETE	2.1 11		- 211					Change	Addition
NAME	JOHN R. FAULHABER		2.2 NA								
1	305 LA PENINSULA BLVD.		1		ADORESS						
STREET ADDRESS	NAPLES FL			ITY-S'							
CITY-ST-ZIP TITLE	DVP	™ DELETE	3.1 Til		1-21	DVI				Change	☐ Addition
NAME	RENTZ, THOMAS		3.2 NA	AME.		MIC	HAEL	PIERF	AOLI	0(110	
STREET ADDRESS					ADDRESS	7.	~~	, , , , , , , , , , , , , , , , , , , ,	-		
CITY-ST-ZIP	NAPLES FL		3.4. C			NA	PLES	FLI	34113		
TITLE	IWA LLO I L	☐ DELETE	4.1 TI							Change	☐ Addition
NAME			4.2 N	AME							
STREET ADDRESS			4.3 ST	REET	T ADDRESS						
CITY-ST-ZIP			4.4 CT	TY-ST	r-ZIP						
TITLE		☐ DELETE	5.1 TT							☐ Change	☐ Addition
NAME			5.2 NA	AME							
STREET ADDRESS			5.3 ST	REET	ADDRESS						•
CITY-ST-ZIP			5.4 CI	TY-SI	r-ZIP						
TITLE		☐ DELETE	6.1 TI	TLE						☐ Change	Addition
NAME			6.2 N/	AME							
STREET ADDRESS			6.3 ST	reet	TADORESS						
CITY-ST-ZIP			6.4 CI	TY-SI	r-ZIP						

14. I 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, with all other like empowered.