

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26408

1. Entity Name

LA PENINSULA MARINA ASSOCIATION, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90103 016 *****61.25

Principal Place of Business

304 LAPENINSULA BLVD.
NAPLES FL 34113
US

Mailing Address

304 LAPENINSULA BLVD.
NAPLES FL 34113
US

2. Principal Place of Business

3. Mailing Address

834 Bould Eagle Dr.

Suite, Apt. #, etc.

c/o Resort Management

Marco Island, FL

Zip
34145

Country



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

4. FEI Number

65-0126887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRAZER, JOE W
313 LA PENINSULA BLVD
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

William E. TESH

Street Address (P.O. Box Numbers Not Acceptable)

304 LA PENINSULA BLVD.

City

NAPLES

FL

Zip Code
34113

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOE W. FRAZIER, JR. 141 LA PENINSULA BLVD. NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PIERPAOLI, MICHAEL 6 LA PENINSULA BLVD NAPLES FL 34113	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TESH, J.B. 304 LA PENINSULA BLVD NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bruce Dobberten 18 Bournes Pond Rd Falmouth, MA 02536	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD William Tesh 304 La Peninsulas Blvd. Naples, FL 34113	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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

3/29/01 941/642-7297
Date Daytime Phone #

CR2E037 (10/00)