


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90096 003 ****61.25

DOCUMENT # N26408	
1. Entity Name	
LA PENINSULA MARINA ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
3400 TAMiami TRAIL N. #302 NAPLES FL 34103 US	3400 TAMiami TRAIL N. #302 NAPLES FL 34103 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
65-0126887	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KPG ACCOUNTING SERVICES, INC. 3400 TAMiami TRAIL N. #302 NAPLES FL 34103

7. Name and Address of New Registered Agent
Name
Street Address (P O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	ROBINSON, JERRY
STREET ADDRESS	109 LA PENINSULA BLVD
CITY-ST-ZIP	NAPLES FL 34113
TITLE	XVP <input checked="" type="checkbox"/> Delete
NAME	JENNINGS, CHUCK
STREET ADDRESS	3400 TAMiami TRAIL N. #302
CITY-ST-ZIP	NAPLES FL 34103
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	JOE, RACANELLI
STREET ADDRESS	3400 TAMiami TRAIL N. #302
CITY-ST-ZIP	NAPLES FL 34103
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE DOBBERTEEN
STREET ADDRESS	144 LA PENINSULA
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAN PARRISH
STREET ADDRESS	108 LA PENINSULA
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 my address, with all other like empowered.

SIGNATURE:  V.P. CHARLES JENNINGS 4-14-2007
Phone 239-389-5690