2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26408

FILED Apr 24, 2008 Secretary of State

Entity Name: LA PENINSULA MARINA ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3400 TAMIAMI TRAIL N. #302 C/O R&P PROPERTY MANAGEMENT

NAPLES, FL 34103 US 265 AIRPORT RD S NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

3400 TAMIAMI TRAIL N. #302 C/O R&P PROPERTY MANAGEMENT

NAPLES, FL 34103 US 265 AIRPORT RD S NAPLES, FL 34104 US

FEI Number: 65-0126887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KPG ACCOUNTING SERVICES, INC.

3400 TAMIAMI TRAIL N. #302

NAPLES, FL 34103 US

R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

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: GLENN CARROLL 04/24/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDIT

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ()Delete Title: ()Change()Addition

 Name:
 ROBINSON, JERRY
 Name:

 Address:
 109 LA PENINSULA BLVD
 Address:

 City-St-Zip:
 NAPLES, FL 34113
 City-St-Zip:

 Name:
 JENNINGS, CHUCK
 Name:
 DOBERTEEN, BRUCE

 Address:
 3400 TAMIAMI TRAIL N. #302
 Address:
 144 LA PENINSULA BLVD

 City-St-Zip:
 NAPLES, FL 34103
 City-St-Zip:
 NAPLES, FL 34113

Title: ST (X) Delete Title: () Change () Addition

 Name:
 DOBERTEEN, BRUCE
 Name:

 Address:
 144 LAPENINSULA
 Address:

 City-St-Zip:
 NAPLES, FL 34113
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY ROBINSON PD 04/24/2008