


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90384 025 ****61.25

DOCUMENT # N35002 1. Entity Name MARINE INDUSTRIES ASSOCIATION OF COLLIER COUNTY, INC.					
Principal Place of Business 895 10 ST S #302 NAPLES, FL 34112 US			Mailing Address P O BOX 9887 NAPLES, FL 34101 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0155602	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARR, JACQUELYN P. 895 10 ST S #302 NAPLES, FL 34102			Name Sara Jewell Street Address (P.O. Box Number is Not Acceptable) 895 10th St S #302 City Naples FL Zip Code 34112		
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 <i>X Sara Jewell</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4.12.06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANE, KRIS POB 156 CALUSA RD GOODLAND, FL 34140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Randy Ward (C) 7827 Berkshire Pines Dr. Naples, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPIPKER, CHRISTIAN 3584-B EXCHANGE AVE NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Billy Winn (C) 2023 Davis Blvd Naples, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYER, KIT 3125 BAYSHORE DR NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, BUTCH 3584-B EXCHANGE AVE. NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mick Anderson (S) 3784 Bayshore Dr Naples, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, PHIL 4800 SHEERWATER LANE NAPLES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laura Prioli (D) 3470 Bayshore Dr. Naples, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRUCCI, FRANK 1848 HARBOR PL NAPLES, FL 34104	<input type="checkbox"/> Delete	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 exemptions contained 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 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: <i>X Frank P. Perrucci</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					