2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35002

FILED Apr 22, 2009 Secretary of State

Entity Name: MARINE INDUSTRIES ASSOCIATION OF COLLIER COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 895 10 ST S 895 10 ST S #302 #302 F NAPLES, FL 34112 NAPLES, FL 34102 US **Current Mailing Address: New Mailing Address:** P O BOX 9887 NAPLES, FL 34101 US FEI Number: 65-0155602 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: HOGLUND, SUMMER 895 10 ST S #302 F NAPLES, FL 34102 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete WARD, RANDY ANDERSON, MICK Name: Name: 7827 BERKSHIRE PINES DR Address: 3784 BAYSHORE DRIVE Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34112 Title: PD () Delete Title: () Change () Addition PERRUCCI, FRANK Name: Name: Address: 1848 HARBOR PLACE Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: Title: () Delete Title: (X) Change () Addition SAWYER, KIT Name: JENTGEN, PHIL Name: 11420 TAMIAMI TRAIL EAST Address: 5810 CEDARTREE LANE Address: City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 34113 Title: () Delete Title: () Change () Addition Name: ALMAND, LAURA Name: 4973 ROYAL PALM DRIVE Address: Address: City-St-Zip: ESTERO, FL 33928 City-St-Zip: Title: () Delete Title: (X) Change () Addition HOGLUND, SUMMER HOGLUND, SUMMER Name: Name: 11774 QUAIL VILLAGE WAY 2527 GROVE ISLE COURT Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: NAPLES, FL 34109 Title: () Delete Title: (X) Change () Addition ANDERSON, MICK WARD, RANDY Name: Name: Address: 3784 BAYSHORE DRIVE Address: 7827 BERKSHIRE PINES DRIVE NAPLES, FL 34112 NAPLES, FL 34104 City-St-Zip: 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: SUMMER HOGLUND D 04/22/2009