


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2004 8:00 am**  
**Secretary of State**

06-14-2004 90001 013 \*\*\*\*61.25

**DOCUMENT # N48193**

1. Entity Name  
**OLD NAPLES SEAPORT YACHT ASSOCIATION, INC.**



Principal Place of Business  
**1044 CASTELLO DRIVE  
 SUITE 206  
 NAPLES, FL 34103 US**

Mailing Address  
**1044 CASTELLO DRIVE  
 SUITE 206  
 NAPLES, FL 34103 US**

04037238



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04302004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0404574**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SOUTHWEST PROPERTY MANAGEMENT CORP.  
 1044 CASTELLO DR.  
 SUITE 206  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WASSERMAN, GARY	
STREET ADDRESS	1750 STEPHENSON HWY	
CITY-ST-ZIP	TROY, MI 48083	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANN, GERALD	
STREET ADDRESS	28 CASAMR LN	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUGAN, REX	
STREET ADDRESS	115 WOODFIELD GREEN	
CITY-ST-ZIP	DANVILLE, IN 46122508	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKERNAN, LEO	
STREET ADDRESS	PO BOX 80838	
CITY-ST-ZIP	INDIANAPOLIS, IN 462800838	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DECOURSEY, ROBERT	
STREET ADDRESS	1600 COVINGTON DR	
CITY-ST-ZIP	BLOOMINGDALE, IL 60108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Sally	
STREET ADDRESS	5400 Hillsboro Rd.	
CITY-ST-ZIP	Nashville, TN 37215	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fleischhauer, William	
STREET ADDRESS	792 Broad Ave S.	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Bill	
STREET ADDRESS	900 South Bay Blvd	
CITY-ST-ZIP	Anna Maria, FL 34216	
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 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:** \_\_\_\_\_ **5-24-04** **239**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # **261-3440**