

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90083 031 \*\*\*\*61.25

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03292007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N96000000597</b> 1. Entity Name <b>ISLAND MARINA BOAT SLIP OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>13105 VANDERBILT DRIVE NAPLES, FL 34110 US</b>			Mailing Address <b>PO BOX 2507 BONITA SPRINGS, FL 34133 US</b>		
2. Principal Place of Business - No P.O. Box # <b>13115 VANDERBILT DRIVE</b>		3. Mailing Address <b>13115 VANDERBILT DRIVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>		4. FEI Number <b>65-0660022</b>	
Zip <b>34110</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34110</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PUTHOFF, MELVIN 6849 GRENADIER BLVD #1604 NAPLES, FL 34108</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRISTOL, CHARLES <input type="checkbox"/> Delete 13105 VANDERBILT DR #910 NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUTHOFF, MELVIN <input type="checkbox"/> Delete 8849 GRENADIER BLVD #1604 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALPERN, RICHARD <input checked="" type="checkbox"/> Delete 28733 MEGAN DR BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4505 SNOWY EGRET DR. NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTD HALO, TOM <input type="checkbox"/> Delete 239 HAYDON CIRCLE NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHL, JOE <input type="checkbox"/> Delete 17 BLUEHILL AVE., #206 NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, PETER <input type="checkbox"/> Delete 1919 COCO PLUM WAY NAPLES, FL 34105		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.					
<b>SIGNATURE:</b> <b>THOMAS T. HALO</b> <b>3/29/07</b> <b>239-592-0732</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					