

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90036 044 \*\*\*\*61.25

**DOCUMENT # N96000000597**

1. Entity Name  
**ISLAND MARINA BOAT SLIP OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**13115 VANDERBILT DRIVE  
NAPLES, FL 34110 US**

Mailing Address  
**13115 VANDERBILT DRIVE  
NAPLES, FL 34110 US**

40055758



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0660022**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PUTHOFF, MELVIN  
6849 GRENADIER BLVD #1604  
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name  
**Advanced Property Management Service, Inc.**

Street Address (P.O. Box Number is Not Acceptable)

**Attn: Susan Thompson, CAM**

**1035 Collier Center Way #7**

City

**Naples**

**FL**

Zip Code  
**34110**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
BRISTOL, CHARLES  
13105 VANDERBILT DR #910  
NAPLES, FL 34110** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
PUTHOFF, MELVIN  
6849 GRENADIER BLVD #1604  
NAPLES, FL 34108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOX, JAMES  
4505 SNOWY EGRET DR  
NAPLES, FL 34119** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDTD  
HALO, TOM  
239 HAYDON CIRCLE  
NAPLES, FL 34110** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DAHL, JOE  
17 BLUEHILL AVE., #208  
NAPLES, FL 34108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROBERTS, PETER  
1919 COCO PLUM WAY  
NAPLES, FL 34105** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Johnson, Russ  
8452 Ibis Cove Circle  
Naples, FL 34119** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Puthoff, Melvin  
6849 Grenadier Blvd. #1604  
Naples, Florida 34108** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Fox, James  
45095 Snowy Egret Dr.  
Naples, Florida 34119** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Lumms, Henry "Max"  
26132 Fawnwood Court, Bonita Springs, FL 34134  
Bonita Springs, Florida 34134** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Kroseberg, Rudolf  
3650 Bay Creek Drive  
Bonita Springs, FL 34134** ☐ Change ☒ 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: Melvin Puthoff, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08

Date

(239) 513-9661

Daytime Phone #