2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Apr 17, 2008 8:00 am
Secretary of State
03-27-2008 90024 007 ****61.25

DOCUMENT # N97000006209

1. Entity Name

SOUTHPOINTE AT WINDSTAR MARINA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1777 GULF STAR BLVD NAPLES FL 34112	P.O. BOX 2072 MARCO ISLAND FL 34146 US

6bUUbOJJ

1st MOORE CR2E037 (10/07)

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

4. FEI Number 65-0574806 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNETT, DENISE 870 BALD EAGLE DR #B-2 MARCO ISLAND FL 34145	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 Denise Bennett
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIXON, MICHAEL 5065 YACHT HARBOR DR 101 NAPLES FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Wayne Fields 4978 Bollard Ct. Naples, FL 34112 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORTON, JOHN 1717 GULFSTAR DRIVE S. #202 NAPLES FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Edward McCarthy 1765 Gulfstar Drive S. #502 Naples, FL 34112 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DALE, GAIL 4970 BOLLARD CT NAPLES,FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FINK, DIANE 4990 CHRISTINA CT NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OM KICKLIGHTER, CLOISE 6961 BOTTLEBRUSH LN NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Wayne Fields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #