FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000021777 (4)**

1. Corporation Name

NAPLES ICE SPORTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2590 GOLDEN GATE PARKWAY SUITE 102 NAPLES FL 33942	2590 GOLDEN GATE PARKWAY SUITE 102 NAPLES FL 33942

3. Date Incorporated or Qualified: 03/16/1995
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 65-0563541 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FELDEN, CHRISTIAN B
2590 GOLDEN GATE PARKWAY
SUITE 102
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent, and title if applicable — Signature of New Registered Agent, if changing — Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	FELDEN, CHRISTIAN B	
STREET ADDRESS	2590 GOLDEN GATE PARKWAY, SUITE 102	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	☐ DELETE
NAME	FELDEN, VICTORIA N	
STREET ADDRESS	2590 GOLDEN GATE PARKWAY, SUITE 102	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	☐ DELETE
NAME	HULL, JOYCE N	
STREET ADDRESS	2590 GOLDEN GATE PARKWAY, SUITE 102	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	☐ DELETE
NAME	CULLEN, JAMES D	
STREET ADDRESS	2150 GOODLETTE ROAD, SUITE 400	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Christian B. Felden — Christian B. Felden — 4/30/96 — (941) 263-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone Number

President