

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90173 024 ***158.75

DOCUMENT # 190066	
1. Entity Name THE FLORIDIAN CLUB, INC.	

Principal Place of Business 5551 RIDGEWOOD DRIVE, STE. 203 NAPLES FL 34108 US	Mailing Address 5551 RIDGEWOOD DRIVE, STE. 203 NAPLES FL 34108 US
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2. Principal Place of Business 800 Laurel Oak Dr. Suite, Apt. #, etc. #300	3. Mailing Address 800 Laurel Oak Dr. Suite, Apt. #, etc. #300
City & State Naples, FL	City & State Naples, FL
Zip 34108	Country USA

1st MOORE CR2E034 (10/04)

4. FEI Number 59-0873313		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KEELEY, PETER L 5551 RIDGEWOOD DRIVE, STE. 203 NAPLES FL 34108		
7. Name and Address of New Registered Agent Name G. Helen Athan, Esq. Street Address (P.O. Box Number is Not Acceptable) 800 Laurel Oak Dr., #300 City Naples FL Zip Code 34108		

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 *G. Helen Athan* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHARPE, KEITH A 5551 RIDGEWOOD DRIVE, STE. 203 NAPLES FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 800 Laurel Oak Dr., #300 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SAPUTO, PETER 5551 RIDGEWOOD DR., #203 NAPLES FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 800 Laurel Oak Dr., #300 Naples, FL 34108
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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 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 607, 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____