FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:09

DOCUMENT # 706215 (1)

1. Corporation Name
THE COUNTRY CLUB OF NAPLES, INC.

Principal Place of Business	Mailing Address
185 BURNING TREE DR. NAPLES FL 33942	185 BURNING TREE DR. NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1963
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1149087 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HOYER-BOOTH, ELIZABETH A CONTROL
28961 SETON COURT, SW
BONITA SPRINGS FL 33923

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	1.1 TITLE		☒ Change ☐ Addition
NAME	CURLEY, JR. W E.	1.2 NAME	Delete this director	
STREET ADDRESS	260 PALM RIVER BOULEVARD, APT. A-101	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	LEACH, DANFORTH	2.2 NAME		
STREET ADDRESS	1331 SOLANA RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	FRASER, R. L	3.2 NAME		
STREET ADDRESS	700 REGATTA COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	LOEBEL, HARRY A	4.2 NAME		
STREET ADDRESS	370 BURNING TREE DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	VD	☐ Change ☒ Addition
NAME		5.2 NAME	James E. Pence	
STREET ADDRESS		5.3 STREET ADDRESS	3200 Gulf Shore Blvd, N. , Apt. 103	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE		6.1 TITLE	SD	☐ Change ☒ Addition
NAME		6.2 NAME	Evelyn T. Kidwell	
STREET ADDRESS		6.3 STREET ADDRESS	125 Cypress Point Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples, FL 33942	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Danforth H. Leach 813-261-1032
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Danforth H. Leach, President

0000006