


FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90017 020 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|--|---|--|--|--|---|
| DOCUMENT # 716316 | | | |  | |
| 1. Entity Name THE SPINDRIFT CLUB OF NAPLES, INC. | | | | | |
| Principal Place of Business 2600 GULF SHORE BLVD. NORTH NAPLES, FL 34103 US | | | Mailing Address 2600 GULF SHORE BLVD. NORTH NAPLES, FL 34103 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1292208 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROSOW, GERALD 2600 GULF SHORE BLVD. N. APT #45 NAPLES, FL 34103 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent Signature required when existing)</small> | | | | | |
| 10. Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DST EYCK, EDWARD H. TEN 2600 GULF SHORE BLVD N NAPLES, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD William Anderson 2600 Gulfshore Blvd N. Naples FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Paul Reichert 2600 Gulfshore Blvd N Naples FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD GAME, DARLENE 2600 GULF SHORE BLVD NORTH #41 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Donald Tom B. 2600 Gulfshore Blvd N Naples FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROSOW, GERALD 2600 GULF SHORE BLVD N NAPLES, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD AUCOIN, LOLA 2600 GULF SHORE BLVD N #43 NAPLES, FL 34103 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WARREN, THERESA 2600 GULF SHORE BLVD N #22 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 this 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: <i>Edward H. Ten Eyck, Jr.</i> Edward H. Ten Eyck, Jr. 3-3-04 239-262-1874 | | | | | |

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