


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90282 028 ****61.25

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		50023223	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01142005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-1292208	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
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 <i>Ten Eyck Edward</i> Street Address (P.O. Box Number is Not Acceptable) <i>2600 Gulf Shore Blvd N</i> <i>APT #34</i> City <i>Naples</i> FL Zip Code <i>34103</i>		
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 <i>Edward H Ten Eyck</i>			DATE <i>3-1-05</i>		
Filing Fee is \$61.25 Due by May 1, 2005			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	DST	<input type="checkbox"/> Delete	TITLE	<i>DP</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EYCK, EDWARD H. TEN		NAME		
STREET ADDRESS	2600 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL		CITY-ST-ZIP		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, WILLIAM		NAME		
STREET ADDRESS	2600 GULF SHORE BLVD. N.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHEKT, PAUL		NAME		
STREET ADDRESS	2600 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	ASD	<input type="checkbox"/> Delete	TITLE	<i>DS</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUCOIN, LOLA		NAME		
STREET ADDRESS	2600 GULF SHORE BLVD N #43		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>DT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMB, DONALD		NAME		
STREET ADDRESS	2600 GULF SHORE BLVD. N.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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</i>			DATE <i>3-1-05</i> (239) 2631994		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		