


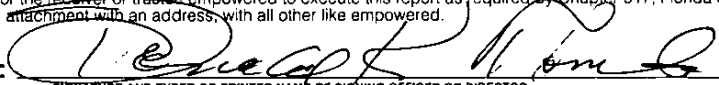
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90286 021 ****61.25

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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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		01222007 Chg-NP CR2E037 (12/06)			
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				
TENEYCK, EDWARD 2600 GULF SHORE BLVD. N. APT 34 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 reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		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	<input 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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REICHERT, PAUL			NAME			
STREET ADDRESS	2600 GULF SHORE BLVD N			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input 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	DVP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOMB, DONALD			NAME			
STREET ADDRESS	2600 GULFSHORE BLVD. N.			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34103			CITY-ST-ZIP			
TITLE	DAS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REIDEBUSCH, NANCY			NAME			
STREET ADDRESS	2600 GULFSHORE 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 exemptions contained in Chapter 119, 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: 				4-17-07 239-262-1874			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			