

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 08, 2009
Secretary of State**

DOCUMENT# 716316

Entity Name: THE SPINDRIFT CLUB OF NAPLES, INC.

Current Principal Place of Business:

2600 GULF SHORE BLVD. NORTH
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

2600 GULF SHORE BLVD. NORTH
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1292208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TENEYCK, EDWARD
2600 GULF SHORE BLVD. N.
APT 34
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: TENEYCK, EDWARD H
Address: 2600 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL

Title: DP () Delete
Name: REICHERT, PAUL
Address: 2600 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: AUCOIN, LOLA
Address: 2600 GULF SHORE BLVD N #43
City-St-Zip: NAPLES, FL 34103

Title: DVP () Delete
Name: TOMB, DONALD
Address: 2600 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34103

Title: DAS () Delete
Name: RUEDEBUSCH, NANCY
Address: 2600 GULF SHORE BLVD, N
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: TENEYCK, EDWARD H
Address: 2600 GULF SHORE BLVD N #34
City-St-Zip: NAPLES, FL

Title: DP (X) Change () Addition
Name: REICHERT, PAUL
Address: 2600 GULF SHORE BLVD N #66
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: TOMB, DONALD
Address: 2600 GULF SHORE BLVD. N. #33
City-St-Zip: NAPLES, FL 34103

Title: DAS (X) Change () Addition
Name: RUEDEBUSCH, NANCY
Address: 2600 GULF SHORE BLVD, N #11
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD TEN EYCK

Electronic Signature of Signing Officer or Director

DST

04/08/2009

Date