

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91214 037 ****61.25

DOCUMENT # 719424 1. Entity Name NEAPOLITAN CLUB, INC.					
Principal Place of Business RESORT MANAGEMENT 2685 HORSESHOE DR. #215 NAPLES, FL 34104			Mailing Address RESORT MANAGEMENT 2685 HORSESHOE DR. #215 NAPLES, FL 34104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LITWINKA, BARBARA 900 8TH AVE. S. #201 NAPLES, FL 34102			Name <u>Alan Scarnavack</u> Street Address (P.O. Box Number is Not Acceptable) <u>900 8th Ave S. #103</u> City <u>NAPLES</u> FL Zip Code <u>34102</u>		
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 <u>Alan M. Scarnavack</u> <u>4/30/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PD	☐ Delete	TITLE	DVP ☐ Change ☒ Addition	
NAME	LITWINKA, BARBARA		NAME	Alan Scarnavack	
STREET ADDRESS	907 8TH AVE. S. #201		STREET ADDRESS	900 8th Ave. S. #103	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CROWE, ROBERT		NAME		
STREET ADDRESS	900 8TH AVE. S. #301		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	CARDINAL-LELUK, HELEN		NAME		
STREET ADDRESS	900 8TH AVE. S. #103		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: <u>Alan M. Scarnavack</u> <u>4/30/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

24066414



04232004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1882926

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required