

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90555 030 ****61.25

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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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1882926	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCARNAVACK, ALAN 900 8TH AVE S #103 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LITWINKA, BARBARA 907 8TH AVE. S. #201 NAPLES, FL 34102	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Litwinka, Barbara 900 8th Ave S. #201 Naples, FL 34102
☐ Change ☐ Addition				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CROWE, ROBERT 900 8TH AVE. S. #301 NAPLES, FL 34102	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S
☐ Change ☐ Addition				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCAMAVACK, ALAN 900 8TH AVE. S. #103 NAPLES, FL 34102	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D Scarnavack, Alan 900 8th Ave S. #103 Naples, FL 34102
☐ Change ☐ Addition				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		☐ Change ☐ Addition	
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>4/28/05</u> Daytime Phone # _____					