2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT # 719424 1. Entity Name NEAPOLITAN CLUB, INC.									05-01-20	08 90246 ()31 ****6	1.25	
Principal Plac RESORT MAN 2685 HORSE NAPLES, FL	Nagement Eshoe Dr. #		Mailing Address RESORT MANAGEMENT 2685 HORSESHOE DR. #215 NAPLES, FL 34104				-		1570 		8# 8 8 8 8 <u>8</u> 8	{	
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				03312008	Chg-NP	CR2E0	37 (12/06)			
City & Stat	e		City & State					4. FEI Number 59-1882			├	plied For t Applicable	
Zip	Zip Country			Zip Co			untry 5. Certificate of Status Desired — \$8.75 Additional Fee Required						
	6. Name	and Address of Curren	t Registered	Agent		7. Name and Address of New Registered Agent							
SCARNAVACK, ALAN N						Name							
900 8TH AVE S #103 NAPLES, FL 34102						Street Address (P.O. Box Number is Not Acceptable)							
						City Zip Code							
O Thomas and a contract of the							ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
	ions of registe		for the purpos	e or changing its	registere	ed office of	register	ed agent, or both	n, in the State o	THORIDA. IAM	i tamiliar with,	and accept	
SIGNATURE .													
	Signature, typed	or printed name of registured agei	nt and little if applica	ible. (NOT	E: Registere	d Agent signatu	ne rednited	when reinstating)		DATE			
	_	e is \$61.25 lay 1, 2008	 Election Campaign Finance Trust Fund Contribution 				\$5.00 May Be Added to Fees Add						
10.		OFFICERS AND D	RECTORS		11.			ADDITIONS/CHA	NGES TO OFF	ICERS AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		R, A. RICHARD NVE S., #102 FL 34102		Delete			• •				☐ Change	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		R, SUZETTE H AVE #102 FL 34102	-	☐ Delete		r	7/	D	-		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NCK, ALAN NVE S #103 FL 34102		☐ Delete			,				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JLT, LORRAINE H AVE #205 FL 34102		☐ Delete	•		S	0			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ET ADDRESS -ST-ZIP					☐ Change	Addition	
 12. I hereby of indicated 	certify that the on this resort	information supplied with the supplemental report.	th this filing do	es not qualify fo	r the exe	mptions co	ontained	in Chapter 119,	Florida Statute:	s. I further cer	tify that the in	formation	

indicated on this report of 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 of the croproration of 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.

GNATURE

SIGNATURE