NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90306 026 ****61.25

DOCUMENT # 719424

1. Entity Name

Neapolitan Club

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Resort Mgmt 2685 Horseshoe Dr S	Resort Management 2685 Horseshoe Dr S
Suite, Apt. #, etc. #215	Suite, Apt. #, etc. #215
City & State Naples FL	City & State Naples FL
Zip 34104 Country US	Zip 34104 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1882926 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Barbara Litwinka

Street Address (P.O. Box Number is Not Acceptable): 900 8th Ave S. #201

City: Naples FL Zip Code: 34102

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: X Barbara A Litwinka DATE: 4-17-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD
NAME	Litwinka Barbara
STREET ADDRESS	900 8th Ave S #201
CITY-ST-ZIP	Naples, FL 34102
TITLE	VPD
NAME	Crowe, Robert
STREET ADDRESS	900 8th Ave S #301
CITY-ST-ZIP	Naples, FL 34102
TITLE	SD
NAME	Cardinal-Leluk Helen
STREET ADDRESS	900 8th Ave S #103
CITY-ST-ZIP	Naples, FL 34102
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.