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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727628 (0)

1. Corporation Name

NAPLES BATH AND TENNIS CLUB UNIT A, INC.

Principal Place of Business

2590 GOLDEN GATE PKWY. #108
NAPLES FL 34105
US

Mailing Address

2590 GOLDEN GATE PKWY. #108
NAPLES FL 34105-3261
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34105

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34105

Country

3. Date Incorporated or Qualified
10/02/19733a. Date of Last Report
02/27/19964. FEI Number
59-1886489Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, ROSEMARIE
830 SWALLOW POINT
NAPLES FL 34105

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME KRAMER, ROSEMARIE
STREET ADDRESS 830 SWALLOW POINT
CITY-ST-ZIP NAPLES FLTITLE D ☒ DELETE
NAME MARTIN, BETTE
STREET ADDRESS 720 BALD EAGLE DRIVE
CITY-ST-ZIP NAPLES FLTITLE STD ☐ DELETE
NAME FREDERICK, WALTER W.
STREET ADDRESS 710 BALD EAGLE DR.
CITY-ST-ZIP NAPLES FLTITLE D ☒ DELETE
NAME QUINN, JOHN
STREET ADDRESS 831 SWALLOW POINT
CITY-ST-ZIP NAPLES FLTITLE VD ☐ DELETE
NAME ANDREWS, JOHN
STREET ADDRESS 1041 ORIOLE CIRCLE
CITY-ST-ZIP NAPLES FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE Treas Sec ☐ Change ☒ Addition
2.2 NAME Horace McDowell
2.3 STREET ADDRESS 740 Bald Eagle Dr
2.4 CITY-ST-ZIP Naples, FL 341053.1 TITLE Director ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Harry Campston
4.3 STREET ADDRESS 760 Bald Eagle Dr.
4.4 CITY-ST-ZIP Naples, FL 341055.1 TITLE VP ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Rose Marie Kramer

2/21/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Printing Phone

CR2E037 (9/96)