2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 730094** 1. Entity Name 04-05-2004 90079 032 ****61.25 NAPLES BAY CLUB, INC. Principal Place of Business Mailing Address C/O GULF VIEW PROR 2325 TAMIAMI TRAIL 504 STE 505 800 RIVER POINT DR 94044469 NAPLES FL 34102 US NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2235790 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAGNER, THERESE A. Street Address (P.O. Box Number is Not Acceptable) GULF VIEW PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL N #364 STE 505 NAPLES FL 34103 City Zip Code 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. ‡ am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PΠ TITLE ☐ Delete TITLE Change ☐ Addition AZMAN, ROBERT NAME NAME 800 RIVER POINT DR #210 STREET ADDRESS STREET ADDRESS NAPLES FL 34102 C/TY-ST-7IP CITY-ST-ZIP SD ☐ Delete TITLE XX Change ☐ Addition MATHIS, MARY NAME NAME 800 RIVER POINT DRIVE #316 STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP SD VPD XX Change TITLE XX Delete TITLE ☐ Addition POPPERT, HELEN Harold Rich NAME NAME 800 RIVER POINT DR #212 STREET ADDRESS 800 River Point Drive #212 STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34102 TD TITLE ☐ Delete TITLE Change Addition ARNOLD, MARSHALL NAME NAME 800 RIVER POINT DRIVE #211 STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP VPD D XX Change TITLE ☐ Delete TITLE ☐ Addition KOSIDOWSKI, HANK NAME 800 RIVER POINT DRIVE #535 STREET ADDRESS STREET ADDRESS NAPLES FL 34102 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

239-403-7991

Daytime Phone #

Date