

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730094

FILED
Mar 02, 2009
Secretary of State

Entity Name: NAPLES BAY CLUB, INC.

Current Principal Place of Business:

800 RIVER POINT DR
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

C/O GULF VIEW PROP.
2325 TAMiami TRAIL STE 505
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2235790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, THERESE A.
GULF VIEW PROPERTY MANAGEMENT
2335 TAMiami TRAIL STE 505
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

WAGNER, THERESE A.
GULF VIEW PROPERTY MANAGEMENT
2335 TAMiami TRAIL STE 505
NAPLES, FL 34103 US

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.

SIGNATURE: THERESE A. WAGNER

03/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MATHIS, MARY
Address: 800 RIVER POINT DRIVE #316
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: ARNOLD, MARSHALL
Address: 800 RIVER POINT DRIVE #211
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: KOSIDOWSKI, HANK
Address: 800 RIVER POINT DRIVE #535
City-St-Zip: NAPLES, FL 34102

Title: VPD () Delete
Name: POPPERT, HELEN
Address: 800 RIVER POINT DRIVE #537
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: STRAND, JANE C
Address: 800 RIVER POINT DRIVE #540
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANK KOSIDOWSKI

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date