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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 770426 (5)

1. Corporation Name  
NAPLES HIDEAWAY CLUB, INC.



Principal Place of Business Mailing Address  
1055 ROSEMARY CT. 1055 ROSEMARY CT.  
NAPLES FL 33940-5314 NAPLES FL 34103-8304

3. Date Incorporated or Qualified 09/26/1983  
3a. Date of Last Report 03/25/1996

2. Principal Place of Business	2b. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
23 City & State	28 City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
24 Zip 34103	29 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25 Country	30 Country		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCAW, JOHN 1155 ROSEMARY CT. B-106 NAPLES FL <del>33940</del> 34103	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 *John McCaw* JOHN McCAW 2/20/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NURSE, DONALD	1.2 NAME	
STREET ADDRESS	5960 PELICAN BAY BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOJTOSIK, TED	2.2 NAME	CAVDACE KIPP 34103
STREET ADDRESS	1101 ROSEMARY CT. A-104	2.3 STREET ADDRESS	1211 Rosemary Ct. Naples, FL
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANGIOLLO, VINCENT	3.2 NAME	FRANK GENTILE 44142
STREET ADDRESS	1211 ROSEMARY CT. C-203	3.3 STREET ADDRESS	5850 Robert Dr. Brookpark Ohio
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCAW	4.2 NAME	ARTHUR WEBB
STREET ADDRESS	1155 ROSEMARY CT. B-101	4.3 STREET ADDRESS	1101 Rosemary Ct. Naples FL 34103
CITY-ST-ZIP	NAPLES FL 33940	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROLL, JANICE	5.2 NAME	
STREET ADDRESS	1155 ROSEMARY CT. B-207	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITZE, LOUISE	6.2 NAME	
STREET ADDRESS	1155 ROSEMARY CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940-5314	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 *Donald Nurse* DONALD NURSE 2/20/97 941-594-9014  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 005884

CR2E037 (9/96)