

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 770426 (5)**

1. Corporation Name  
**NAPLES HIDEAWAY CLUB, INC.**



Principal Place of Business <b>1055 ROSEMARY CT. NAPLES FL 34103 US</b>	Mailing Address <b>1055 ROSEMARY CT. NAPLES FL 39940-5914 34103</b>
--	--

3. Date Incorporated or Qualified <b>09/26/1983</b>	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**MCCAW, JOHN**  
**1155 ROSEMARY CT. B-106**  
**NAPLES FL 33940**

10. Name and Address of New Registered Agent

**81 Name**  
**Donald Nurse**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**5960 Pelican Bay Blvd. #334**

**83**

**84 City**  
**Naples, FL**

**85 Zip Code**  
**34108**

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 Donald Nurse - Treasurer **Donald Nurse** **2/23/98**  
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	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>NURSE, DONALD</b>	
STREET ADDRESS	<b>5960 PELICAN BAY BLVD.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIPP, CANDACE</b>	
STREET ADDRESS	<b>1211 ROSEMARY COURT</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GENTILE, FRANK</b>	
STREET ADDRESS	<b>5850 ROBERT DRIVE</b>	
CITY-ST-ZIP	<b>BROOKPARK OH</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCAW</b>	
STREET ADDRESS	<b>1155 ROSEMARY CT. B-101</b>	
CITY-ST-ZIP	<b>NAPLES FL 33940</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>WEBB, ARTHUR</b>	
STREET ADDRESS	<b>1101 ROSEMARY COURT</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Craig S. Jones</b>
2.3 STREET ADDRESS	<b>1101 Rosemary Ct. A101</b>
2.4 CITY-ST-ZIP	<b>Naples, Fl, 34103</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Karen Stauffer</b>
4.3 STREET ADDRESS	<b>1155 Rosemary Ct. B101</b>
4.4 CITY-ST-ZIP	<b>Naples, Fl, 34103</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Webb, Arthur</b>
5.3 STREET ADDRESS	<b>6655 Mangrove Way</b>
5.4 CITY-ST-ZIP	<b>Naples, Fl 34109</b>
6.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Peggy Thomas</b>
6.3 STREET ADDRESS	<b>1155 Rosemary Ct. B102</b>
6.4 CITY-ST-ZIP	<b>Naples, Fl, 34103</b>

14. 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 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** **2/23/98** **941-594-9014**

CP2E037 (10/97)