


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # N04000009116 1. Entity Name THE CLUB AT RAPALLO, INC.	
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Principal Place of Business 8001 VIA RAPALLO ESTERO, FL 33928	Mailing Address 8001 VIA RAPALLO ESTERO, FL 33928
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DO NOT WRITE IN THIS SPACE



03092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 51-0529207	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C
 2640 GOLDEN GATE PKWY., SUITE 305
 NAPLES, FL 34105

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, JAMES P 8001 VIA RAPALLO ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, DEBRA 8001 VIA RAPALLO ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWIER, ED 8001 VIA RAPALLO ESTERO, FL 33928
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 04/10/07-80074-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Ed Dwier Ed DWIER 3-14-07 239 948 2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 TREASURER