FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # **N34066** **(3)**

1. Corporation Name

NAPLES NATIONAL GOLF CLUB, INC.

Principal Place of Business	Mailing Address
% JOHN P. CARDILLO 3550 EAST TAMIAMI TRAIL NAPLES FL 33962-4999	% JOHN P. CARDILLO 3550 EAST TAMIAMI TRAIL NAPLES FL 33962-4999

3. Date Incorporated or Qualified: 09/06/1989
3a. Date of Last Report: 02/17/1995

2. Principal Place of Business
21 4141 Isle of Capri Road
22 Suite, Apt. #, etc.
23 City & State: Naples, FL
24 Zip: 33999
25 Country: USA

2a. Mailing Address
26 4141 Isle of Capri Road
27 Suite, Apt. #, etc.
28 City & State: Naples,FL
29 Zip: 33999
30 Country: USA

4. FEI Number: 65-0150321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARDILLO, JOHN P.
3550 E. TAMIAMI TRAIL
NAPLES FL 33962-4999

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		
TITLE	PTD	☐ DELETE
NAME	BENTON, CHARLES V.	
STREET ADDRESS	550 CORMORANT COVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VS	☐ DELETE
NAME	CARDILLO, JOHN P.	
STREET ADDRESS	3550 E. TAMIAMI TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☐ DELETE
NAME	BARRY, PETER	
STREET ADDRESS	1041 GALLEON DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☐ DELETE
NAME	ROSNER, JAMES C.	
STREET ADDRESS	730 S. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	D	☐ DELETE
NAME	HULSE, OWEN E., JR.	
STREET ADDRESS	300 BEARS PAW TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☐ DELETE
NAME	ANTONINI, JOSEPH E	
STREET ADDRESS	550 PARK SHORE DR #2703	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Cataldo, Francis J., Sr.	
1.3 STREET ADDRESS	2601 Gulfshore Blvd, #7 Billows	
1.4 CITY-ST-ZIP	Naples, FL 33940	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Callahan, Francis J.	
2.3 STREET ADDRESS	3655 Fort Charles Drive	
2.4 CITY-ST-ZIP	Naples, FL 33940	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Esping, Perry E.	
3.3 STREET ADDRESS	Edgewater Hotel, 1901 Gulfshore Blvd.N.	
3.4 CITY-ST-ZIP	Naples, FL 33940	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Pridemore, B. Morgan	
4.3 STREET ADDRESS	3374 Newport Bay Drive	
4.4 CITY-ST-ZIP	Alpharetta, GA 30202	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ V.P.+Secy 2/1/96 941-774-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #