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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N34066 (3) 1. Corporation Name NAPLES NATIONAL GOLF CLUB, INC.		



Principal Place of Business 4141 ISLE OF CAPRI ROAD NAPLES FL 34113 US	Mailing Address 4141 ISLE OF CAPRI ROAD NAPLES FL 34113 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34114 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34114 Country
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3. Date Incorporated or Qualified 09/06/1989	
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	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent CARDILLO, JOHN P. 3550 E. TAMiami TRAIL NAPLES FL 33962-4999
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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

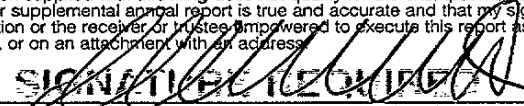
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 ☐ Change ☐ Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE ☐ Change ☐ Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE ☐ Change ☐ Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE ☐ Change ☐ Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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:  1-15-98 941-775-3468

CR2E037 (10/97)