## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N34066**

1. Corporation Name

NAPLES NATIONAL GOLF CLUB, INC.

Principal Place of Business	Maili
4141 ISLE OF CAPRI ROAD	4141
NAPLES FL 34114	NAPI

**FILED** May 10, 1999 8:00 am Secretary of State

05-10-1999 90127 020 \*\*\*\*61.25

Principal Place	of Business	Mailing Address								
4141 ISLE OF NAPLES FL 341 US		4141 ISLE OF CAPRI ROAD NAPLES FL 34114 US								
						1				
2. Principal Pl	ace of Business	2a. Mailing Address				3.	Date Incorporated or Qualifed		<del></del>	
<b>—</b>	ace of Dusinoss	26					09/06/1989			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_		4.	FEI Number		Ap	plied For
22		27					65-0150321			t Applicable
City & State	)	City & State				5.	Certificate of Status Desired		\$8.75	
23		28						<del></del>	Fee Re	<del></del>
Zip	Country	Zip	Count	ry		6.	Election Campaign Financing		\$5.00 Added t	
24	25	29 3	0			10	Trust Fund Contribution  Name and Address of New	Registered A		01668
<del></del>	9. Name and Address of Current	Registered Agent	8	1	Name		Teams and Addition of the		<u> </u>	
			[	$\perp$						
	, JOHN P.		8	2	Street Add	iress (P	O. Box Number is Not Accept	able)		
	AMIAMI TRAIL		8	3						
NAPLES F	L <del>339624999</del> 34112		L	1					Test 3:	2-4-
	19 July 19		8	4	City			FL	85 Zip (	Code
11. Pursuant		2 and 617,1508, Florida Statutes	, the abo	ve-	named cor	poration	submits this statement for the	numose of	changing its	registered
office or o	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	nt Florida. Such change was auti	nonzea u	)V U	he corporat	ion's bo	pard of directors. I hereby acce	pt the appoir	itment as re	gistered
i -	m tamiliar with, and accept the obligat	IONS OF, Section 617.0005, Florid	ia Otatot							1
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Ag	ent :	signature requir	ed when re	einstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PTD	☐ DELETE	1.1 TITLE		Ì				Change	Addition
NAME	BENTON, CHARLES V.		1.2 NAMI	E	] 5	SEE	ATTACHED			}
STREET ADDRESS	550 CORMORANT COVE		1.3 STRE	ETA	ADDRESS					
CITY-ST-ZIP	NAPLES FL		1.4 CITY	-ST-	ZIP					C Addison
ΠΤLE	VS -	☐ DELETE	2.1 TITLE	Ē					Change	Addition
NAME	CARDILLO, JOHN P.		2.2 NAM	Ε	1					
STREET ADDRESS	3550 E. TAMIAMI TRAIL		2.3 STRE	EETA	ADDRESS					<b>†</b>
CITY-ST-ZIP	NAPLES FL		2. 4 CITY		- ZIP				[] Change	Addition
TITLE	D	DELETE	3.1 TITLE						L] Change	
NAME	BARRY, PETER		3.2 NAM							
STREET ADDRESS	1041 GALLEON DRIVE				ADDRESS					
CITY-ST-ZIP	NAPLES FL	DELETE	3.4. CITY		-ZIP				Change	Addition
TITLE	D	☐ DELE1€	4,1 TITLE						onunge	
NAME	ROSNER, JAMES C.		4. 2 NAW							
STREET ADDRESS	730 S. COLLIER BLVD		1		ADORESS					
CITY-ST-ZIP	MARCO ISLAND FL	☐ DELETE	4.4 CITY 5.1 TITLE		-2)4				Change	Addition
TITLE	D OWEN E ID		5.1 TITLE							_
NAME ·	HULSE, OWEN E., JR.		1		ADDRESS					
STREET ADDRESS	300 BEARS PAW TRAIL		5.4 CITY							+
CITY-ST-ZIP	NAPLES FL	DELETE	6.1 TITU		<del></del>				Change	Addition
TITLE	D	<b>A</b> 2000	6.2 NAM							
NAME	ANTONINI, JOSEPH E				ADDRESS					
STREET ADDRESS	550 PARK SHORE DR #2703		6.4 CITY		1					
CITY-ST-ZIP	NAPLES FL							I for which many		<del> </del>

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 busteen powered 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 with pull the like empowered.

SIGNATURE:

941-775-3448

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13.	ADDITIONS/CHANGES TO OFFICER	T 1	· 1
1.1 TITLE	C/D	XCHANGE	ADDITION
1.2 NAME	BENTON, CHARLES V.		
1.3 STREET ADDRESS	4141 ISLE OF CAPRI RD.		
1.4 CITY-ST-ZIP	NAPLES, FL 34114		
2.1 TITLE	S	X CHANGE	ADDITION
2.2 NAME	CARDILLO, JOHN P.		
2.3 STREET ADDRESS	3550 E. TAMIAMI TRAIL		
2.4 CITY-ST-ZIP	NAPLES, FL 34112		,
3.1 TITLE	D	XCHANGE	ADDITION
3.2 NAME	ROSNER, JAMES C.		
3.3 STREET ADDRESS	5000 ROYAL MARCO WAY #831		
3.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145		
4.1 TITLE	V/D	X CHANGE	ADDITION
4.2 NAME	HULSE, OWEN E. JR.		
4.3 STREET ADDRESS	221 BAY POINT		
4.4 CITY-ST-ZIP	NAPLES, FL 34112		
5.1 TITLE	D	CHANGE	X ADDITION
5.2 NAME	CALLAHAN, FRANCIS J.		
5.3 STREET ADDRE5	3655 FT. CHARLES DR.		
5.4 CITY-ST-ZIP	NAPLES, FL 34102		
6.1 TITLE	D	CHANGE	X ADDITION
6.2 NAME	MANSOUR, ERNEST P.		
6.3 STREET ADDRESS	55 PUBLIC SQUARE		
6.4 CITY-ST-ZIP	CLEVELAND, OH 44113		
7.1 TITLE	D	CHANGE	X ADDITION
7.2 NAME	OAKLEY, THOMAS		
7.3 STREET ADDRESS	6000 ROYAL MARCO WAY #652		
7.4 CITY-ST-ZIP	MARCO ISLAND, FL 34145		
8.1 TITLE	T/D	CHANGE	X_ADDITION
8.2 NAME	PENSION, FRANK		_
8.3 STREET ADDRESS	8231 BAY COLONY DR.		
8.4 CITY-ST-ZIP	NAPLES, FL 34108		
9.1 TITLE	D	CHANGE	X ADDITION
9.2 NAME	SCHULTE, FRED C.		_
9.3 STREET ADDRESS	490 PALM CIR.W.		
9.4 CITY-ST-ZIP	NAPLES, FL 34102		
10.1 TITLE	P/D	CHANGE	X ADDITION
10.2 NAME	ANTONUCCI, JOHN R.		_
10.3 STREET ADDRESS	690 S. BARFIELD DR. P.O. BOX 717		
10.4 CITY-ST-ZIP	MARCO ISLAND, FL 34146-0717		