2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N34066

Entity Name: NAPLES NATIONAL GOLF CLUB, INC.

FILED Apr 17, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
9325 COLLI NAPLES, F		US						
Current Mailing Address:				New Mailing Address:				
9325 COLLI NAPLES, F		us						
FEI Number: (65-0150321	FEI Number Applied For()	FEI Num	ber Not Appli	cable ()	Certificate of S	tatus Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
CARDILLO, JOHN P. 3550 E. TAMIAMI TRAIL NAPLES, FL 34112				PORTNOY, BERNARD N. 350 3RD AVE. S. NAPLES, FL 34102				
The above r in the State		submits this statement for the pur	rpose of	changing its	s registered	office or registe	red agent, or both,	
SIGNATURE: BERNARD N. PORTNOY				04/17/2003				
	Electro	nic Signature of Registered Agent	t			Date		
OFFICERS	AND DIREC	CTORS:		ADDITIONS	S/CHANGE:	S TO OFFICER	S AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (SCHULTE, FR 490 PALM CIF NAPLES, FL	RCLE WEST		Title: Name: Address: City-St-Zip:	(() Change() Addi	tion	
Title: Name: Address: City-St-Zip:	S (CARDILLO, JO 3550 E. TAMIA NAPLES, FL	AMI TRAIL		Title: Name: Address: City-St-Zip:	S (PORTNOY, B 350 3RD AVE NAPLES, FL	. S	ition	
Title: Name: Address: City-St-Zip:	BOLSTER, W	HORE BLVD. N. #603-S	,	Title: Name: Address: City-St-Zip:	D (FAY, WILLIAN 137 2ND AVE NAPLES, FL	i. N.	ition	
Title: Name: Address: City-St-Zip:	ROSNER, JAN	MARCO WAY #831		Title: Name: Address: City-St-Zip:	PETTINELLI,	DLONY DR. #1602	ition	
Title: Name: Address: City-St-Zip:	HERLIHY, JOH	HORE BLVD. N. #5		Title: Name: Address: City-St-Zip:	(() Change () Addi	tion	
Title: Name: Address: City-St-Zip:	V (SKINNER, C. 6975 GREEN NAPLES, FL	TREE DR.		Title: Name: Address: City-St-Zip:	(() Change () Addi	tion	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED C. SCHULTE P 04/17/2003

PENSION, FRANK DIRECTOR 8231 BAY COLONY DR. #304 NAPLES, FL 34108

PECARO, BERNARD C DIRECTOR 2390 GULF SHORE BLVD. N. NAPLES, FL 34103

OAKLEY, THOMAS DIRECTOR 6000 ROYAL MARCO WAY #352 MARCO ISLAND, FL 34145