

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90115 049 ****70.00

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1. Entity Name
NAPLES HERITAGE GOLF & COUNTRY CLUB, INC.



Principal Place of Business
**8150 HERITAGE CLUB WAY
NAPLES, FL 34112**

Mailing Address
**8150 HERITAGE CLUB WAY
NAPLES, FL 34112**

50054552



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0626636

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WRIGHT, ROBERT~~ *Wright, Robert L. II*
**8150 HERITAGE CLUB WAY
NAPLES, FL 34112**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME PLESSANGER, PHIL
STREET ADDRESS 7890 NAPLES HERITAGE DR.
CITY-ST-ZIP NAPLES, FL 34112

TITLE ☐ Change ☐ Addition
NAME *Plessinger, Phil*
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME LAVER, HOWARD
STREET ADDRESS 8766 NAPLES HERITAGE DR.
CITY-ST-ZIP NAPLES, FL 34112

TITLE ☐ Change ☐ Addition
NAME *Laver, Howard*
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME BEREIBERG, PAUL
STREET ADDRESS 7505 STONEYBROOK DR #734
CITY-ST-ZIP NAPLES, FL 34112

TITLE ☐ Change ☒ Addition
NAME *Leonhard, Richard*
STREET ADDRESS *7940 Kilkenny Way*
CITY-ST-ZIP *Naples, FL 34112*

TITLE S ☒ Delete
NAME LEONARD, RICHARD
STREET ADDRESS 7940 KILKENNY WAY
CITY-ST-ZIP NAPLES, FL 34112

TITLE ☐ Change ☒ Addition
NAME *Cunningham, Eleanor*
STREET ADDRESS *8655 Naples Heritage Dr #316*
CITY-ST-ZIP *Naples, FL 34112*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Robert L. Wright II* **ROBERT L. WRIGHT II** *7/1/05* **7/1/05** *239-419-2555*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #