FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:25

DOCUMENT # 713734 (2)

1. Corporation Name
THE WARWICK CLUB OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
200 SECOND AVE. SOUTH NAPLES FL 33940	280 SECOND AVE. SOUTH NAPLES FL 33940

3. Date Incorporated or Qualified: 12/01/1967
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1293398 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MACKINNON, H. L.
280 2ND AVE. S.
NAPLES FL 33940

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE H. L. MacKinnon (H. L. MACKINNON VP) 2/7/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	MACKINNON, H. L	1.2 NAME	
STREET ADDRESS	280 2ND AVENUE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	MARJORIE KESSLER on
NAME	WALKER, VAN S	2.2 NAME	NO LONGER ON
STREET ADDRESS	280 2ND AVE SOUTH	2.3 STREET ADDRESS	THE BOARD
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFITH, MARGARET	3.2 NAME	
STREET ADDRESS	280 2ND AVE SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	KESSLER, MARJORIE K.	4.2 NAME	VIRGINIA WEBER
STREET ADDRESS	280 2ND AVE SOUTH	4.3 STREET ADDRESS	280 2ND AVE SO.
CITY-ST-ZIP	NAPLES, FL 00000	4.4 CITY-ST-ZIP	NAPLES, FLA. 33940
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	HECKMAN, RAYMOND	5.2 NAME	
STREET ADDRESS	280 2ND AVE. S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Margaret B. Griffith, Treas. MARGARET B. GRIFFITH 2/7/95 813-262-1515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0018362