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Feb 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 713734 (2)

1. Corporation Name

THE WARWICK CLUB OF NAPLES, INC.



Principal Place of Business

Mailing Address

280 SECOND AVE. SOUTH
NAPLES FL 33940 34102

280 SECOND AVE. SOUTH
NAPLES FL 34102-5970

3. Date Incorporated or Qualified
12/01/1967

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip 34102

Country

29 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name VAN S. WALKER

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

280 2ND AVE S.

83

84 City NAPLES

FL

85 Zip Code 34102

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

[Signature]
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 ☒ DELETE
NAME MACKINNON, H. L.
STREET ADDRESS 280 2ND AVENUE S
CITY-ST-ZIP NAPLES FL

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME WILLIAM HOBBY
1.3 STREET ADDRESS 280 2ND AVE S.
1.4 CITY-ST-ZIP NAPLES, FL. 34102

TITLE PD ☐ DELETE
NAME WALKER, VAN S
STREET ADDRESS 280 2ND AVE SOUTH
CITY-ST-ZIP NAPLES, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME GRIFFITH, MARGARET
STREET ADDRESS 280 2ND AVE SOUTH
CITY-ST-ZIP NAPLES, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME WEBER, VIRGINA
STREET ADDRESS 280 2ND AVE S
CITY-ST-ZIP NAPLES FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME HECKMAN, RAYMOND
STREET ADDRESS 280 2ND AVE. S.
CITY-ST-ZIP NAPLES, FL 00000

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Margaret B. Griffith / MARGARET B. GRIFFITH 1/29/97 941-262-7858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0058458

CR2E037 (9/96)