## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name (2)														
THE WARWICK CLUB OF NAPLES, INC.														
THE THREE WITH SERVICE STATES STATES											1881       1884		1181 ALBU BIRK R	( <b>1</b> 1) <b>111</b> ( <b>11</b> )
City and Olean of During												IMI GAL GULL		
Principal Place of Business				Mailing Address										
280 SECOND AVE. SOUTH NAPLES FL 34102				280 SECOND AVE. SOUTH NAPLES FL 33940					3. Date Incorporated or Qualified					
US				INITED IE 00010						12/01/1967				
										4. FEI Numbe			<del></del>	oplied For
2. Principal Place of Business					2s. Mailing Address					28-14	293398			ot Applicable
21					26					5. Certificate	of Status Desired			Additional equired
Suite, Apt. #, etc.					Suite, Apt. #, etc.					6. Election Ca	ampaign Financin	g	\$5.00	
22				27						Trust Fund	Contribution		Added to	
City & State					City & State					7. Is this nonprofit corporation a homeowners association?				
<b>23</b> Ζιρ	Country				Zip Co					B. This corpo	ration owes or ha			angible
24	25				29 30					Personal Property Tax due June 30. Yes No. Name and Address of New Registered Agent			] No	
9, Name and Address of Current Registered Agent								Nome		10. Name and	Address of New	Registered	1 Agent	
44141 44THP							81	Name	M	ARK F	LEMINIG			
WALKER, VAN S							82	Street A	ddre	ss (P.O. Box Nu	mber is Not Acce	ptable)		
280 2ND AVE S NAPLES FL 34102							83	2	20	AND A	E S. #.	207		
INT LLU I L OTIVE									$\boldsymbol{\mathcal{D}}$	de H	E 2	مور	1221 -	
							84			LES		FI	L 85 34	Code ,
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auft agent. I am familiar with, and accept the obligations of, Section 617.0503, Florid.</li> </ol>								named o	orpo	ration submits th	nis statement for t	he purpose	of changing in	ts registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida								i.	JIGHO	ara board or dire	octors. Thereby a		100	Togistareo
SIGNATURE	W.V		-	<b>1</b>								4-24	1-70	
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRA CTORS						E Registered Agent signature require  13.				CHANGES TO O	FFICERS AN	D DIRECTOR	RS IN 12
TITLE	PD				DELETE	_	1 TITLE						Change	Addition
NAME	WALKER, VAN S				1			ĺ						
STREET ADDRESS								1.3 STREET ADDRESS						
CITY-ST-ZIP								T-ZIP						
TITLE	TD		☐ DELETE		2.1 TITLE						L Change	Addition		
NAME	GRIFFITH, MARGARET					2.2 NA								
STREET ADDRESS	- }							2.3 STREET ADDRESS						
CITY - ST - ZIP	VD	, FL 00000			DELETE		2.4 CITY-ST-ZIP 3.1 TITLE						Change	☐ Addition
TITLE NAME	, ·-	VIDGINA			□ percie		2 NAME						□ olialiåe	
STREET ADDRESS	WEBER, VIRGINA 280 2ND AVE S					3.3 STREET ADOI								
CITY-ST-ZIP	NAPLES					1	4. CITY-S							
TITLE	SD	<del></del>	<del></del>		DELETE	_	1 TITLE						Change	Addition
NAME	HECKM	AN, RAYMO	ND			4.	2 NAME							
STREET ADDRESS	280 2NI	D AVE. S.				4.	3 STREET .	ADDRESS						
CITY+ST-ZIP		FL 00000				4.	4 CITY - S1	T-ZIP						
TITLE	VD				DELETE	5.	1 TITLE	[		_			Change	Addition
NAME		WILLIAM				5.3	2 NAME	ļ						
STREET ADDRESS		D AVE S					3 STREET							
CITY-ST-ZIP	NAPLES	FL			T BOLETE	_	4 CITY - ST	r-ZIP						Adamian
TITLE					☐ DELETE		1 TITLE						Change	Addition
NAME CYRCEY ADDOCCO						-	2 NAME	*DDDCCC						į
STREET ADDRESS						6.3 STREET ADDRESS 6.4 CITY - ST - ZIP								
CITY-ST-ZIP	L			_		6.4	4 CHY - ST	1-ZIP						

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 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:

**FILED** 

Apr 30 1998 8:00am

Secretary of State