

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **703616** (3)

1. Corporation Name

**NAPLES ATHLETIC CLUB, INC.**



|  |  |
|--|--|
| Principal Place of Business                  | Mailing Address                              |
| <b>627 5TH AVE SOUTH<br/>NAPLES FL 33940</b> | <b>627 5TH AVE SOUTH<br/>NAPLES FL 33940</b> |

3. Date Incorporated or Qualified

**02/21/1962**

4. FEI Number

**59-1022274**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip **34102** Country

28 Zip **34102** Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACINNES, IAN  
3243 GIN LANE  
NAPLES FL 33940**

|   |  |
|---|--|
| 81 Name   | <b>N. NEIL GREGORY, ESQ<br/>CATALANO, FISHER AND GREGORY</b> |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>4001 TAMiami TRAIL N. SUITE 404</b>                       |
| 83  |  |
| 84 City   | <b>NAPLES FL</b>   |
| 85 Zip Code   | <b>34103</b>   |

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 **N. NEIL GREGORY, ESQ**

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          | <b>PD</b>            | <input type="checkbox"/> DELETE |
| NAME           | <b>MACINNES, IAN</b> |                                 |
| STREET ADDRESS | <b>3243 GIN LANE</b> |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL</b>     |                                 |

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | <b>PD</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>HANSEN, WESTI</b>        |  |
| 1.3 STREET ADDRESS | <b>2905 GULF SHORE BLVD</b> |  |
| 1.4 CITY-ST-ZIP    | <b>NAPLES, FL 34103</b>     |  |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>VPD</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>HANSEN, WESTI</b>        |                                 |
| STREET ADDRESS | <b>2905 GULF SHORE BLVD</b> |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL</b>            |                                 |

|                    |                          |  |
|--------------------|--------------------------|--|
| 2.1 TITLE          | <b>VPD</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>MAC INNES, IAN</b>    |  |
| 2.3 STREET ADDRESS | <b>3243 GIN LANE</b>     |  |
| 2.4 CITY-ST-ZIP    | <b>NAPLES, FL. 34102</b> |  |

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>TD</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>HUGHLEY, M. STANLEY</b>       |                                 |
| STREET ADDRESS | <b>4401 GULF SHORES BLVD, N.</b> |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL</b>                 |                                 |

|                    |                                |  |
|--------------------|--------------------------------|--|
| 3.1 TITLE          | <b>TD</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>HUGHEY, M. STANLEY</b>      |  |
| 3.3 STREET ADDRESS | <b>4401 GULF SHORE BLVD N.</b> |  |
| 3.4 CITY-ST-ZIP    | <b>NAPLES, FL 34103</b>        |  |

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>SD</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>MALONEY, JOSEPH F.</b> |                                 |
| STREET ADDRESS | <b>562 12TH AVE S.</b>    |                                 |
| CITY-ST-ZIP    | <b>NAPLES FL</b>          |                                 |

|                    |                               |  |
|--------------------|-------------------------------|--|
| 4.1 TITLE          | <b>SD</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | <b>RICHARD C. KILLIN</b>      |  |
| 4.3 STREET ADDRESS | <b>3483 GULF SHORE BLVD N</b> |  |
| 4.4 CITY-ST-ZIP    | <b>NAPLES, FL. 34103</b>      |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |  |   |
|--------------------|--|---|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |   |
| 5.3 STREET ADDRESS |  |   |
| 5.4 CITY-ST-ZIP    |  |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |  |   |
|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |   |
| 6.3 STREET ADDRESS |  |   |
| 6.4 CITY-ST-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: **Stanley Hughley** **TREASURER 4/21/98 (941) 261-1151**

CR2E037 (10/97)