

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713734

1. Corporation Name

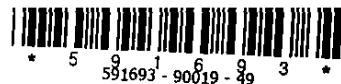
THE WARWICK CLUB OF NAPLES, INC.

Principal Place of Business
280 SECOND AVE. SOUTH
NAPLES FL 34102
US

Mailing Address
280 SECOND AVE. SOUTH
NAPLES FL 33940

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90019 049 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 7891 GEORGIAN BAY CIR		12/01/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 #106		59-1293398	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 FT. MYERS, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29 33912		30 USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FLEMING, MARK 280 2ND AVE S #303 NAPLES FL 34102				81 Name MARK FLEMING	
				82 Street Address (P.O. Box Number is Not Acceptable) 7891 GEORGIAN BAY CIR.	
				83 #106	
				84 City FT. MYERS	
				85 Zip Code FL 33912	
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 M.A. FLEMING MARK FLEMING 7-8-99					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, VAN S		1.2 NAME	HOBBY, BILL	
STREET ADDRESS	280 2ND AVE SOUTH		1.3 STREET ADDRESS	280 2ND AVES. #104	
CITY-ST-ZIP	NAPLES, FL 00000		1.4 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TRES. WEBER, VIRGINA TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, MARGARET		2.2 NAME	WEBER, VIRGINA	
STREET ADDRESS	280 2ND AVE SOUTH		2.3 STREET ADDRESS	280 2ND AVE S. #202	
CITY-ST-ZIP	NAPLES, FL 00000		2.4 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SEC. HECKMAN, RAYMOND SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, VIRGINA		3.2 NAME	HECKMAN, RAYMOND	
STREET ADDRESS	280 2ND AVE S		3.3 STREET ADDRESS	280 2ND AVES. #306	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V.P. JACK THOMAS VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKMAN, RAYMOND		4.2 NAME	JACK THOMAS	
STREET ADDRESS	280 2ND AVE. S.		4.3 STREET ADDRESS	280 2ND AVE S. #103	
CITY-ST-ZIP	NAPLES, FL 00000		4.4 CITY-ST-ZIP	NAPLES, FL 33942	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBY, WILLIAM		5.2 NAME		
STREET ADDRESS	280 2ND AVE S		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: M.A. FLEMING MARK FLEMING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99

Date

941-267-0309

Daytime Phone #

CR2E037 (5/99)