

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713734

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** THE WARWICK CLUB OF NAPLES, INC.

**Current Principal Place of Business:**

280 SECOND AVE. SOUTH  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

745 - 12TH AVE. SOUTH, STE AA  
NAPLES, FL 34102 US

**New Mailing Address:**

**FEI Number:** 59-1293398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOORE PROPERTY MANAGEMENT, INC.  
745 - 12TH AVE. SOUTH, STE AA  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: 1VP ( ) Delete  
Name: HOBBY, BILL  
Address: 280 2ND AVE S #104  
City-St-Zip: NAPLES, FL 33942

Title: P ( ) Delete  
Name: MCCARTHY, MIKE  
Address: 280 -2ND AVE S #306  
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete  
Name: THOMAS, JACK  
Address: 280 2ND AVE S #103  
City-St-Zip: NAPLES, FL 33942

Title: 2VP ( ) Delete  
Name: ARD, ROBERT  
Address: 2346 MADISON AVE  
City-St-Zip: BRIDGEPORT, CT 06606

Title: T ( ) Delete  
Name: HARBERT, EARL  
Address: 280 2ND AVE. S.  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MCCARTHY

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date