# I hereby 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 all other like empowered.

PD

SIGNATURE: FREDERICK, ROBIN

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

#### Officer/Director Detail :

SIGNATURE:

Title	PD	Title	STD
Name	FREDERICK, ROBIN	Name	PERKINS, JUDITH
Address	710 BALD EAGLE	Address	830 SWALLOW PT
City-State-Zip:	NAPLES FL 34105	City-State-Zip:	NAPLES FL 34105
Title	SECRETARY		
Name	SNOKE, DIANE		
Address	831 SWALLOW PT		
City-State-Zip:	NAPLES FL 34105		

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.

## FEI Number: 59-1886489

NAPLES. FL 34104 US

**DOCUMENT# 727628** 

NAPLES. FL 34104

3050 N. HORSESHOE DR., #172

**Current Mailing Address:** 

3050 N. HORSESHOE DR., #172

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

FREDERICK, ROBIN 3050 NORTH HORSESHOE DR STE 172 STE 172 NAPLES, FL 34104 US

Entity Name: NAPLES BATH AND TENNIS CLUB UNIT A, INC.

#### FILED Mar 29, 2018 Secretary of State CC4102774845

Certificate of Status Desired: No

03/29/2018

Date

Date