

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770426

Entity Name: NAPLES HIDEAWAY CLUB, INC.

Current Principal Place of Business:

ROSEMARY CT.
NAPLES, FL 34103

Current Mailing Address:

C/O MELDON CONSULTANTS
4949 TAMIAMI TRAIL N. #201
NAPLES, FL 34103-3017 US

FEI Number: 59-2400374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMIAMI TRAIL N. STE. 201
NAPLES, FL 34103-3017 US

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name ASHLEY, WAYNE
Address 1101 ROSEMARY CT #104
City-State-Zip: NAPLES FL 34103-8304

Title TREASURER, DIRECTOR
Name RETZNER, JOHN
Address 1101 ROSEMARY CT #201
City-State-Zip: NAPLES FL 34103-8314

Title SECRETARY, DIRECTOR
Name MILLIGAN, DIEDRE
Address 1211 ROSEMARY CT #101
City-State-Zip: NAPLES FL 34103-8309

Title PRESIDENT, DIRECTOR
Name ASHLEY, WAYNE
Address 1101 ROSEMARY CT #104
City-State-Zip: NAPLES FL 34103-8304

Title TREASURER, DIRECTOR
Name RETZNER, JOHN
Address 1101 ROSEMARY CT #201
City-State-Zip: NAPLES FL 34103-8314

Title SECRETARY, DIRECTOR
Name MILLIGAN, DIEDRE
Address 1211 ROSEMARY CT #101
City-State-Zip: NAPLES FL 34103-8309

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.

SIGNATURE: WAYNE ASHLEY

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date