

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007329

Entity Name: NAPLES MACFRIENDS USER GROUP, INC.**Current Principal Place of Business:**C/O CUMMINGS & LOCKWOOD LLC
3001 TAMIAMI TRAIL NORTH, SUITE 400
NAPLES, FL 34103**Current Mailing Address:**C/O CUMMINGS & LOCKWOOD LLC
3001 TAMIAMI TRAIL NORTH, SUITE 400
NAPLES, FL 34103**FEI Number:** 65-0066788**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLASP, INC.
3001 TAMIAMI TRAIL NORTH, SUITE 400
NAPLES, FL 34103 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	DIRECTOR, OTHER
Name	VON SEGGERN, MARILYN
Address	11011 LINNET LN
City-State-Zip:	NAPLES FL 34119

Title	DIRECTOR, TREASURER
Name	PEACOCK, DONALD
Address	2011 GULF SHORE BLVD N
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR, PRESIDENT
Name	RUBIN, GEORGE
Address	445 DOCKSIDE DR UNIT 801
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR, VP
Name	GOETTE, ECKART
Address	6516 THOMAS JEFFERSON CT
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR, OTHER
Name	BOHR, JEFFREY
Address	1300 HENLEY ST APT 1804
City-State-Zip:	NAPLES FL 34105

Title	DIRECTOR, SECRETARY
Name	MARSIGLIO, MARSHA
Address	6597 NICHOLAS BLVD APT 501
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR, OTHER
Name	REVAK, CONRAD
Address	6577 MARBELLA DR
City-State-Zip:	NAPLES FL 34105

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: DONALD PEACOCK

TREASURER

02/17/2020

Electronic Signature of Signing Officer/Director Detail_____
Date