2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34066

Entity Name: NAPLES NATIONAL GOLF CLUB, INC.

Current Principal Place of Business:

9325 COLLIER BLVD NAPLES. FL 34114

Current Mailing Address:

9325 COLLIER BLVD NAPLES, FL 34114 US

FEI Number: 65-0150321 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITFIELD, BENJAMIN C 5042 FAIRHAVEN LANE NAPLES, FL 34109 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: BENJAMIN C. WHITFIELD 01/20/2017

Electronic Signature of Registered Agent

Date

FILED Jan 20, 2017

Secretary of State

CC1231688472

Officer/Director Detail:

Title PRESIDENT, & DIRECTOR Title DIRECTOR

NameMINYARD, ROBERTNameCOSTLEY, GARY DR.Address451 21ST AVE. S.Address570 SANDHILL CT

City-State-Zip: NAPLES FL 34102 City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR, TREASURER Title DIRECTOR

NameD'ANGELO, II, GEORGE MR.NameHANSEL, KEITH D.Address545 13TH AVE., SOUTHAddress6672 COSTA CIRCLECity-State-Zip:NAPLES FL 34102City-State-Zip:NAPLES FL 34113

Title VP, DIRECTOR Title DIRECTOR

Name MCDONALD, PETER D. Name GROETSCH, DAVID

Address 4251 GULF SHORE BLVD., NORTH Address 207 MERMAIDS BRIGHT

City-State-Zip: NAPLES FL 34102 City-State-Zip: NAPLES FL 34103

Title DIRECTOR Title DIRECTOR

Name BARTTER, BRIT J. Name BELKNAP, JAMES MICHAEL

Address 3377 GULF SHORE BLVD., N. Address 8990 BAY COLONY DR. #701

City-State-Zip: NAPLES FL 34103 City-State-Zip: NAPLES FL 34108

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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: ROBERT MINYARD PRESIDENT 01/20/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR, SECRETARY

Name COUGHLIN, CHRISTOPHER J.

Address 27731 MARINA POINTE DR.

City-State-Zip: BONITA SPRINGS FL 34134