2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N34066

Entity Name: NAPLES NATIONAL GOLF CLUB, INC.

FILED
May 04, 2015
Secretary of State
CC4533729819

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 05/04/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT, & DIRECTOR Title DIRECTOR

NameMINYARD, ROBERTNameGRAINGER, JAMESAddress451 21ST AVE. S.Address82 ALGONQUIN CT

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

Title DIRECTOR Title DIRECTOR

Name CACHAT, MICHAEL Name COSTLEY, GARY DR.

Address 7575 PELICAN BAY BLVD., SUITE 1608 Address 257 BAREFOOT BEACH BLVD.

UNIT 404

City-State-Zip: NAPLES FL 34108 City-State-Zip: BONITA SPRINGS FL 34134

TitleDIRECTORTitleDIRECTOR, TREASURERNameNETTIS, DONALD R MR.NameD'ANGELO, II, GEORGE MR.Address4951 GULF SHORE BLVD. N.Address435 THIRD AVE., SOUTH

LE PARK #1502

City-State-Zip: NAPLES FL 34102

Title DIRECTOR

Name JONES, DONALD
Name STEWART, JEFFREY MR.

Address 8231 BAY COLONY DR. Address 1001 10TH AVE., SOUTH

8231 BAY COLONY DR. UNIT #210 #204

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 05/04/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title SECRETARY

Name HANSEL, KEITH D. Name MCDONALD, PETER D.

Address 8990 MUSTANG ISLAND CIRCLE Address 4251 GULF SHORE BLVD., NORTH

City-State-Zip: NAPLES FL 34113 City-State-Zip: NAPLES FL 34102