## **2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 379059** 

Entity Name: ADVENTURER'S CLUB, INC.

**Current Principal Place of Business:** 

1100 8TH AVE.SOUTH NAPLES. FL 34102

**Current Mailing Address:** 

5415 JAEGER ROAD SUITE B

NAPLES, FL 34109 US

FEI Number: 59-1444326 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPIRES & ASSOCIATES, PA 5415 JAEGER ROAD SUITE B 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:

Electronic Signature of Registered Agent

Date

FILED Apr 05, 2019

**Secretary of State** 

7120595437CC

Officer/Director Detail:

Title COMMODORE Title VICE COMMODORE

Name ANDRESEN, JOHN Name GRAY, TED

Address 1352 TIMBER COURT Address 1100 8TH AVENUE, SOUTH

126-G

City-State-Zip: MILFORD MI 48380

City-State-Zip: NAPLES FL 34102

Title FLEET COMMODORE

Name HURLEY, STEPHEN

Title TREASURER

Address 1100 8TH AVENUE, SOUTH SPENCE, DAVID

130-K Address 2075 S MOORLAND ROAD

City-State-Zip: NAPLES FL 34102 City-State-Zip: NEW BERLIN WI 53151

Title D Title D

NameCLINGERMAN, BRIANNameGIAGRANDO, RAYMONDAddress4116 PIERCE STREETAddress1100 8TH AVENUE, SOUTH

310-B

City-State-Zip: HOLLYWOOD FL 33021 City-State-Zip: NAPLES FL 34102

Title SECRETARY
Name GLYNN, MARY

Address 1100 8TH AVENUE, SOUTH

City-State-Zip: NAPLES FL 34102

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN ANDRESEN COMMODORE 04/05/2019