


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90191 031 ****61.25

DOCUMENT # 702067	
1. Entity Name PILOT CLUB OF NAPLES INC	

Principal Place of Business P.O BOX 8674 NAPLES, FL 34101 US	Mailing Address P.O BOX 8674 NAPLES, FL 34101 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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04282008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6151377		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LESTER, SUZANNE 11679 LONGSHORE WAY NAPLES, FL 34119		7. Name and Address of New Registered Agent Name <u>Marilyn Lewis</u> Street Address (P.O. Box Number is Not Acceptable) <u>1096 Royal Palm Dr.</u> <u>Naples, FL 34103</u> City <u>Naples</u> State <u>FL</u> Zip Code <u>34103</u>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marilyn Lewis Marilyn Lewis 4-21-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRALICK, RUTH 4469 BEECHWOOD LAKE DR. NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LESTER, SUZANNE 11679 LONGSHORE WAY NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KOY, MARY ELLEN 2990 39TH STREET SW NAPLES, FL 34117 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Lewis Marilyn</u> <u>1096 Royal Palm Dr.</u> <u>Naples, FL 34103</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARILYN, LEWIS 1096 ROYAL PALM DRIVE NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>DePiro, Elyse</u> <u>2200 King Arthur Court</u> <u>Naples, FL 34112</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELDER, ANITA P.O. BOX NAPLES, FL 34101 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Koy, Mary Ellen</u> <u>2990 39th St. SW</u> <u>Naples, FL 34117</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, JOSEPHINE 154 ROUND KEY CIRCLE NAPLES, FL 34112 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Gherre, Roberta</u> <u>28523 Chianti Terr.</u> <u>Bonita Springs, FL 34135</u>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn Lewis Marilyn Lewis 4-21-08 239-860-2193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #