

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702819

FILED
Jul 14, 2008
Secretary of State

Entity Name: NAPLES CRUISE CLUB, INC.

Current Principal Place of Business:

P. O. BOX 2971
NAPLES, FL 34106 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2971
NAPLES, FL 34106 US

New Mailing Address:

FEI Number: 23-7390082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRASER, JUDITH A
2172 TARPON RD.
NAPLES, FL 341021553 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: COMM () Delete
Name: BOWEN, JEFFREY A MR.
Address: 2325 KINGFISH RD.
City-St-Zip: NAPLES, FL 34102 US

Title: VCOM () Delete
Name: GRASER, JOHN C MR.
Address: 2172 TARPON RD
City-St-Zip: NAPLES, FL 34102 US

Title: RCOM () Delete
Name: FORSHIER, TERRY L MR.
Address: 1750 SANDPIPER ST
City-St-Zip: NAPLES, FL 34102 US

Title: TREA () Delete
Name: GRASER, JUDITH A DR.
Address: 2172 TARPON RD.
City-St-Zip: NAPLES, FL 34102 US

Title: SECY () Delete
Name: BECKER, SUSAN MS.
Address: 371 11TH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

Title: DIR () Delete
Name: VARIAN, WILLIAM S MR.
Address: 880 23RD STREET
City-St-Zip: NAPLES, FL 34117 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COMM (X) Change () Addition
Name: MARIE, VARIAN E MRS.
Address: 880 23RD ST. S. W.
City-St-Zip: NAPLES, FL 34117 US

Title: VCOM (X) Change () Addition
Name: FORSHIER, TERRY L MR.
Address: 1750 SANDPIPER ST.
City-St-Zip: NAPLES, FL 34102 US

Title: RCOM (X) Change () Addition
Name: FORTE, RICHARD A MR.
Address: 178 TORREY PINES PT.
City-St-Zip: NAPLES, FL 34113 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUDITH GRASER

DR.

07/14/2008

Electronic Signature of Signing Officer or Director

Date