

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706875

FILED
Apr 16, 2006
Secretary of State

Entity Name: NAPLES GARDEN CLUB, INC.

Current Principal Place of Business:

4820 BAYSHORE DRIVE
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

272 MOORING LINE DR
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 59-6159376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KROESCHELL, JUNE T
272 MOORING LANE DR
NAPLES, FL 34102 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: PD () Delete
Name: SYNNOTT, SUZANNE
Address: 1630 WINDING OAKS WAY, APT 101
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: GROSS, MARILYN
Address: 190 16TH AVE. S
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: RICCI, BARBARA
Address: 518 COUNTRYSIDE DR
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: KROESCHELL, JUNE
Address: 272 MOORING LINE DR
City-St-Zip: NAPLES, FL 34102

Title: VD () Delete
Name: MACMAHON, FIFI
Address: 11737 QUAIL VILLAGE WAY
City-St-Zip: NAPLES, FL 34119

Title: VD () Delete
Name: EARLE, MELINDA
Address: 5191 HARROGATE CT.
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: QUINN, SONDRRA
Address: 3856 CLIPPER COVE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: SD (X) Change () Addition
Name: SAMPSON, BARBARA
Address: 242 MONTEREY
City-St-Zip: NAPLES, FL 34119

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

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

Title: VD (X) Change () Addition
Name: CHEHAYL, LIZ
Address: 3312 LOOKOUT LANE
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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: JUNE T KROESCHELL

TREA

04/16/2006

Electronic Signature of Signing Officer or Director

Date