

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # 706875

1. Entity Name
NAPLES GARDEN CLUB, INC.



Principal Place of Business
**4820 BAYSHORE DRIVE
NAPLES, FL 34112 US**

Mailing Address
**272 MOORING LINE DR
NAPLES, FL 34102 US**



03032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6159376

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KROESCHELL, JUNE T
272 MOORING LANE DR
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SYNNOTT, SUZANNE
STREET ADDRESS 1630 WINDING OAKS WAY, APT 101
CITY-ST-ZIP NAPLES, FL 34109

TITLE VD
NAME QUINN, SONDR
STREET ADDRESS 3856 CLIPPER COVE DRIVE
CITY-ST-ZIP NAPLES, FL 34112

TITLE SD
NAME SAMPSON, BARBARA
STREET ADDRESS 242 MONTEREY
CITY-ST-ZIP NAPLES, FL 34119

TITLE TD
NAME KROESCHELL, JUNE
STREET ADDRESS 272 MOORING LINE DR
CITY-ST-ZIP NAPLES, FL 34102

TITLE VD
NAME MACMAHON, FIFI
STREET ADDRESS 11737 QUAIL VILLAGE WAY
CITY-ST-ZIP NAPLES, FL 34119

TITLE VD
NAME CHEHAYL, LIZ
STREET ADDRESS 3312 LOOKOUT LANE
CITY-ST-ZIP NAPLES, FL 34112

U00000720596
05/01/07-80113-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

June T. Kroeschell **TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07
Date

239-262-6639
Daytime Phone #