

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706875

FILED
Apr 15, 2009
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:

1614 FOREST LAKES BLVD.
NAPLES, FL 34105 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:

BRAIDA, PAULA P
1614 FOREST LAKES BLVD.
NAPLES, FL 34105 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: PRES () Delete
Name: KROSCHHELL, JUNE
Address: 272 MOORING LINE DRIVE
City-St-Zip: NAPLES, FL 34102

Title: V.PR () Delete
Name: QUINN, SONDRRA
Address: 3856 CLIPPER COVE DRIVE
City-St-Zip: NAPLES, FL 34112

Title: SEC () Delete
Name: GREEN, DIANE
Address: 8947 LELY ISLAND CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: TREA () Delete
Name: BRAIDA, PAULA P
Address: 1614 FOREST LAKES BLVD.
City-St-Zip: NAPLES, FL 34105

Title: V.PR () Delete
Name: LEWIS, JUDY
Address: 7804 COCO BAY CT.
City-St-Zip: NAPLES, FL 34108

Title: VPR () Delete
Name: CHEHAYL, LIZ
Address: 3312 LOOKOUT LANE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: V.PR (X) Change () Addition
Name: HAWRYLUK, KATHLEEN
Address: 5081 TAMARIND RIDGE RD
City-St-Zip: NAPLES, FL 34119

Title: VPR (X) Change () Addition
Name: BROWN, LINDA
Address: 1875 8TH ST. SOUTH
City-St-Zip: NAPLES, FL 34102

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: PAULA BRAIDA

Electronic Signature of Signing Officer or Director

TREA

04/15/2009

Date