

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **708386**

(8)

1. Corporation Name

NAPLES SHELL CLUB, INC.

Principal Place of Business

**5575 12TH AVE. S.W.
NAPLES FL 33999**

Mailing Address

**5575 12TH AVE. S.W.
NAPLES FL 33999**



3. Date Incorporated or Qualified
01/29/1965

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 **2340 SNOOK DR.**

26 **2340 SNOOK DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **NAPLES, FL**

28 **NAPLES, FL**

Zip

Country

Zip

Country

24 **33962**

25

29 **33962**

30

4. FEI Number
65-0411255

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHMELZ, GARY W
5575 12TH AVENUE S.W.
NAPLES FL 33999**

81 Name

RENNER, PATRICIA J.

82 Street Address (P.O. Box Number is Not Acceptable)

2340 SNOOK DR.

83

84 City

NAPLES

FL

85 Zip Code
33962

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Patricia J. Renner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 23, 1996

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHMELZ, GARY W	
STREET ADDRESS	5575-12TH AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SWEET, BEATRICE	
STREET ADDRESS	114 NORTH STREET	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CONWAY, WENDY	
STREET ADDRESS	10471 REGENT CIRCLE	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LATHROP, MARTIE	
STREET ADDRESS	2517 SAILORS WAY	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCOWEN, JUDY	
STREET ADDRESS	2860 AINTREE LANE L202	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLANIGAN, VALERIE	
STREET ADDRESS	1731 CAMELIA LANE	
CITY-ST-ZIP	NAPLES FL 33942	

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RENNER, PATRICIA J.	
2.3 STREET ADDRESS	2340 SNOOK DR.	
2.4 CITY-ST-ZIP	NAPLES, FL 33962	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROUX, SUSAN	
3.3 STREET ADDRESS	152 CORAL VINE DR.	
3.4 CITY-ST-ZIP	NAPLES, FL 33942	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LATHROP, MARTIE	
4.3 STREET ADDRESS	1299 SOLANA RD.	
4.4 CITY-ST-ZIP	NAPLES, FL 33940	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Patricia J. Renner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1996

DATE

Deadline Phone #

CR2E037 (12/95)