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FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

2340 SNOOK DRIVE
NAPLES FL 33962 34102
US2340 SNOOK DRIVE
NAPLES FL 34102-1571
US3. Date Incorporated or Qualified
01/29/19653a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number

65-0411255

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

RENNER, PATRICIA J
2340 SNOOK DRIVE
NAPLES FL 33962 34102

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE VP
NAME SCHMELZ, GARY W
STREET ADDRESS 5575-12TH AVE SW
CITY-ST-ZIP NAPLES FL 341161.1 TITLE Director
1.2 NAME Gloria Murphy
1.3 STREET ADDRESS 3000 Gulfshore Blvd. N. # 306
1.4 CITY-ST-ZIP NAPLES, FL 34103TITLE P
NAME RENNER, PATRICIA
STREET ADDRESS 2340 SNOOK DRIVE
CITY-ST-ZIP NAPLES FL 341022.1 TITLE Director
2.2 NAME Howard S. Roux
2.3 STREET ADDRESS 152 Coral Vine Dr.
2.4 CITY-ST-ZIP NAPLES, FL 34110TITLE T
NAME ROUX, SUSAN
STREET ADDRESS 152 CORAL VINE DRIVE
CITY-ST-ZIP NAPLES FL 341103.1 TITLE Director
3.2 NAME Wendy Conway
3.3 STREET ADDRESS 10471 Regent Circle
3.4 CITY-ST-ZIP NAPLES, FL 34109TITLE D
NAME LATHROP, MARTE
STREET ADDRESS 1299 SOLANA ROAD
CITY-ST-ZIP NAPLES FL 341034.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME MCCOWEN, JUDY
STREET ADDRESS 2860 AINTREE LANE L202
CITY-ST-ZIP NAPLES FL 339625.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME FLANIGAN, VALERIE
STREET ADDRESS 1731 CAMELIA LANE
CITY-ST-ZIP NAPLES FL 339426.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SUSAN W. ROUX, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-14-97

Daytime Phone # 941-775-8776

0086662

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