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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708386

1. Corporation Name

NAPLES SHELL CLUB, INC.

Principal Place of Business

2340 SNOOK DRIVE
NAPLES FL 34102
US

Mailing Address

2340 SNOOK DRIVE
NAPLES FL 33962
US



2. Principal Place of Business

21 **16 ZIRCON DR.**

Suite, Apt. #, etc.

22

23 **NAPLES, FL**

Zip

24 **34114**

Country

25 **USA**

2a. Mailing Address

26 **16 ZIRCON DR.**

Suite, Apt. #, etc.

27

28 **NAPLES, FL**

Zip

29 **34114**

Country

30 **USA**

3. Date Incorporated or Qualified

01/29/1965

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

9. Name and Address of Current Registered Agent

RENNER, PATRICIA J
2340 SNOOK DRIVE
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name **MILO SAWVEL**

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

16 ZIRCON DR.

83

84 City **NAPLES, FL.**

FL

85 Zip Code **34114**

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 **MILO C. SAWVEL, JR., PRESIDENT**

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

(NOTE: Registered Agent signature required when reinstating)

2/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE
NAME **SCHMELZ, GARY W**
STREET ADDRESS **5575-12TH AVE SW**
CITY-ST-ZIP **NAPLES FL**

TITLE **P** ☒ DELETE
NAME **RENNER, PATRICIA**
STREET ADDRESS **2340 SNOOK DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **T** ☒ DELETE
NAME **ROUX, SUSAN**
STREET ADDRESS **152 CORAL VINE DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ DELETE
NAME **LATHROP, MARTE**
STREET ADDRESS **1299 SOLANA ROAD**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **MURPHY, GLORIA**
STREET ADDRESS **3000 GULFSHORE BLVD., NORTH #306**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **ROUX, HOWARD S.**
STREET ADDRESS **152 CORAL VINE DRIVE**
CITY-ST-ZIP **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
2.2 NAME **MILO SAWVEL**
2.3 STREET ADDRESS **16 ZIRCON DRIVE**
2.4 CITY-ST-ZIP **NAPLES, FL. 34114**

3.1 TITLE **TREASURER** ☒ Change ☐ Addition
3.2 NAME **ANITA VANDEGRIFT**
3.3 STREET ADDRESS **9091 LAS MADERAS DR. #102**
3.4 CITY-ST-ZIP **BONITA SPRINGS, FL. 34135**

4.1 TITLE **MARY TENNETT** ☒ Change ☐ Addition
4.2 NAME **24 HERITAGE WAY**
4.3 STREET ADDRESS **NAPLES, FL. 34110**
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **MILO C. SAWVEL, JR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 **775-3627**
Date Daytime Phone #

CR2E037 (1/98)