

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90004 024 ****61.25

DOCUMENT # 708386

1. Entity Name

NAPLES SHELL CLUB, INC.



Principal Place of Business

PO BOX 1991
NAPLES FL 34106
US

Mailing Address

PO BOX 1991
NAPLES FL 34106
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

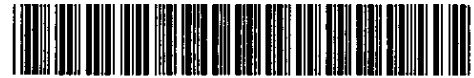
65-0411255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (4/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMELZ, GARY W
5575 12TH AVE SW
NAPLES FL 34116

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
KEITHLEY, JO
26250 SUNDERLAND DR #7014
BONITA SPRINGS FL 34135 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Randall Thompson
181 Belle Isle Circle
Naples FL 34112 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
RENNER, PAT
2340 SNOOK DR
NAPLES FL 34102 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Connie Andrews
7555 MEADOW LAKES DR #2
Naples FL 34104 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
SANDERS, LYDIA
77-SAN REMO CIRCLE
NAPLES FL 34112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WALTER, SHEERIN
2940 LEEWARD PASSAGE CT #204
BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHWARTZ, EDNA
5887 COBBLESTONE LANE #B201
NAPLES FL 34112 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
WILLIAMS, MARY LOU
2175 NEWBRIDGE DR
NAPLES FL 34105 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

12. 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 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: *Lydia E. Sanders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-6-04