2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 708386

1. Entity Name
NAPLES SHELL CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 1991 NAPLES, FL 34106 US	PO BOX 1991 NAPLES, FL 34106 US

05092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0411255
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	THOMPSON, RANDALL
STREET ADDRESS	181 BELLE ISLE CIRCLE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	S
NAME	ANDREWS, CONNIE
STREET ADDRESS	7555 MEADOW LAKES DR # 2
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	VP
NAME	SANDERS, LYDIA
STREET ADDRESS	77 SAN REMO CIRCLE
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	D
NAME	WALTER, SHEERIN
STREET ADDRESS	2940 LEEWARD PASSAGE CT #204
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	SCHWARTZ, EDNA
STREET ADDRESS	5887 COBBLESTONE LANE #B201
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000366916
05/16/05-80011-020 61.25

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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: _____ 5/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #