2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#711889

FILED Jan 12, 2008 Secretary of State

Entity Name: THE PORT ROYAL CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 2900 GORDON DRIVE NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** 2900 GORDON DRIVE NAPLES, FL 34102 FEI Number: 59-0876282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NACCARATO, KAREN 2900 GORDON DRIVE NAPLES, FL 34102 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SMITH, GARNETT A Name: Name: 2900 GORDON DR. Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition LAUTENBACH, CYNTHIA Name: SALLY, RORER Name: Address: 2900 GORDON DR. Address: 2900 GORDON DR. City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102 Title: () Delete Title: VD. (X) Change () Addition MUNRO, RICHARD MUNRO, RICHARD Name: Name: 2900 GORDON DR 2900 GORDON DR Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102 Title: TD () Delete Title: TD (X) Change () Addition Name: JAMES, HOVEY Name: LULIE, EIDE 2900 GORDON DR Address: Address: 2900 GORDON DR City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102 Title: () Delete Title: (X) Change () Addition KIRK, MATERNE LAURA, STRAIN Name: Name: 2900 GORDON DR 2900 GORDON DR Address: Address: City-St-Zip: NAPLES, FL 34102 City-St-Zip: NAPLES, FL 34102 Title: () Delete Title: () Change () Addition SPENGLER, WALTER Name: Name: Address: 2900 GORDON DRIVE Address: NAPLES, FL 34102 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARNETT A SMITH PD 01/12/2008