


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 712733 1. Entity Name NAPLES MUSIC CLUB, INC.	
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Principal Place of Business PO BOX 2222 NAPLES, FL 34106-2222	Mailing Address PO BOX 2222 NAPLES, FL 34106-2222
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DO NOT WRITE IN THIS SPACE



02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6213932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, JUDY
5020 COPPER LEAF LANE
NAPLES, FL 34116

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMBERG, RICHARD T 20123 CHEETAH LANE ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KLEIN, ROBERT 627 BINNACLE DR. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, JOANNE 9451 TRANQUIL CT. BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVY, JUDY 6020 COPPER LEAF LANE NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/10/04-80049-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Judy M. Levy Treasurer 2/4/04 239-262-070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Judy M. Levy