


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90101 044 ****61.25

DOCUMENT # 712733

1. Entity Name
NAPLES MUSIC CLUB, INC.



Principal Place of Business
**PO BOX 110983
 NAPLES, FL 34108-0017**

Mailing Address
**PO BOX 110983
 NAPLES, FL 34108-0017**

40101231



2. Principal Place of Business - No P.O. Box #
P.O. Box 2666

3. Mailing Address
P.O. Box 2666

Suite, Apt. #, etc.

04282007 Chg-NP CR2E037 (12/06)

City & State
Naples, FL

City & State
Naples, FL

Zip
34106

Country
USA

Zip
34106

Country
USA

4. FEI Number
59-6213932

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEVY, JUDY
~~5620 COPPER LEAF LANE~~ **6020 Copper Leaf Lane**
NAPLES, FL 34116

7. Name and Address of New Registered Agent

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

Filing Fee is \$61.25 Due by May 1, 2007

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

TITLE PD	NAME BURGESON, FRANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5920 AMBERWOOD DR	CITY-ST-ZIP NAPLES, FL 34110	
TITLE D	NAME KLEIN, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS 627 BINNACLE DR.	CITY-ST-ZIP NAPLES, FL 34103	
TITLE SD	NAME AUBURN, MARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3140 DOMINICA WAY	CITY-ST-ZIP NAPLES, FL 34119	
TITLE TD	NAME LEVY, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS 6020 COPPER LEAF LANE	CITY-ST-ZIP NAPLES, FL 34116	
TITLE VPD	NAME FORT, GENE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 12535 WILDCAT COVE CIRCLE	CITY-ST-ZIP ESTERO, FL 33928	
TITLE VD	NAME MARCOTTE, KAREN L	<input type="checkbox"/> Delete
STREET ADDRESS 8179 WILSHIRE LAKES BLVD	CITY-ST-ZIP NAPLES, FL 34109	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/D	NAME Freckler, Catherine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1105 Sahapiper Street	CITY-ST-ZIP Naples, FL 34102	
TITLE V/D	NAME Bogart, Marilyn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10356 Quail Crown Drive	CITY-ST-ZIP Naples, FL 34119	
TITLE D	NAME Halpin, Judy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10060 Northridge Ct	CITY-ST-ZIP Bonita Springs, FL 34135	
TITLE D	NAME Manahan, Gunter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1215 Imperial Golf Course Blvd.	CITY-ST-ZIP Naples FL 34110	
TITLE D	NAME Boucher, Jeannette	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5601 Tuttle Bay Dr #1403	CITY-ST-ZIP Naples FL 34108	
TITLE P/D	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Levy **4.3007** **239.250.0561**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

