

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2007 90090 041 ****61.25

DOCUMENT # 712736

1. Entity Name
THE AMBASSADOR CLUB OF NAPLES, INC.



Principal Place of Business
**1910 GULF SHORE BLVD N
NAPLES, FL 34102 US**

Mailing Address
**3400 TAMiami TR N.
NAPLES, FL 34103 US**

40100000



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1195690

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GURGES, DIANA
3400 TAMiami TR N
SUITE 202
NAPLES, FL 34103**

Name
Kevin Gassney
Street Address (P.O. Box Number is Not Acceptable)
90 K&R Accounting

3400 N. Tamiami Tr. Suite 302
City
Naples FL Zip Code
34103

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
GORSKI, JEFF
1910 GULF SHORE BLVD N
NAPLES, FL 34102** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Gandel, Jim
1910 Gulf Shore Blvd. No.
Naples, FL 34102** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BROMBERG, MARLYS
1910 GULF SHORE BLVD N
NAPLES, FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Cochrane, Leigh
1910 Gulf Shore Blvd No
Naples, FL 34102** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
STEARNS, JASON
1910 GULF SHORE BLVD. NORTH
NAPLES, FL 34102** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
McCann, Evelyn
1910 Gulf Shore Blvd No.
Naples, FL 34102** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FINCH-STOCK, JOAN
1910 GULF SHORE BLVD N
NAPLES, FL 34102** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MCCULEY, NASH
1910 GULF SHORE BLVD N
NAPLES, FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MCCULEY, NASH
1910 GULF SHORE BLVD N
NAPLES, FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Cochrane, Leigh
1910 Gulf Shore Blvd No
Naples, FL 34102** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
Cochrane, Leigh
1910 Gulf Shore Blvd No
Naples, FL 34102** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MCCULEY, NASH
1910 GULF SHORE BLVD N
NAPLES, FL 34102** ☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #