

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90127 043 ****61.25

DOCUMENT # 713734 1. Entity Name THE WARWICK CLUB OF NAPLES, INC.					
Principal Place of Business 280 SECOND AVE. SOUTH NAPLES, FL 34102 US			Mailing Address 745 - 12TH AVE. SOUTH, STE AA NAPLES, FL 34102 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-1293398				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE PROPERTY MANAGEMENT, INC. 745 - 12TH AVE. SOUTH, STE AA NAPLES, FL 34102			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	1 st VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBY, BILL		NAME	HOBBY, BILL	
STREET ADDRESS	280 2ND AVE S #104		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 33942		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, MIKE		NAME	MCCARTHY, MIKE	
STREET ADDRESS	280 -2ND AVE S #306		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, WAYNE		NAME	BROCK, WAYNE	
STREET ADDRESS	280 2ND AVE S #206		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 33942		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JACK		NAME	THOMAS, JACK	
STREET ADDRESS	280 2ND AVE S #103		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 33942		CITY-ST-ZIP		
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	2 ND VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUNEO, LANCE		NAME	ARD, ROBERT	
STREET ADDRESS	PO BOX 82		STREET ADDRESS	2346, MADISON AVE	
CITY-ST-ZIP	MARCO ISLAND, FL 34146		CITY-ST-ZIP	BRIDGEPORT, CT 06606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an other like empowered.					
SIGNATURE: <i>Jack Thomas</i>			3/28/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		