## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 14, 2008 8:00 am Secretary of State

DOCUMENT # 714008  1. Entity Name THE MOORINGS COUNTRY CLUB OF NAPLES, INC.					01-14-20	08 90096 045 ***	*61.25	
2500 CRAYTON ROAD 2		Mailing Address 2500 CRAYTON ROAD NAPLES, FL 34103		400	N 2000			
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address				<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-1221			oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of	of Status Desired	S8.75 Add		
	6. Name and Address of Current Re	gistered Agent		7. Name and	Address of New F	Registered Agent		
THOMAS IOUN			Name					
THOMAS, JOHN 320 TURTLE HATCH LN NAPLES, FL 34103			Street A	Howard Christeson  Street Address (P.O. Br.x. Number is Not Acceptable) 300 Park Shore Drive				
TAPAT ELO, T	C 04100							
			City	Naples		FL Zip Cod 3410		
	named entity submits this statement for toons of registered agent.	he purpose of changing its	registered office or		n, in the State of Fl			
					Feb 1,	2008		
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE	Registered Agent signati	ure required when reinstating)		DATE		
SIGNATORE	Filing Fee is \$61.25	1	npaign Financing	\$5.00 May Be Added to Fees	, I	DAIF  Make check payable trida Department of S	ì	
10.		9. Election Cam Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Flo	Make check payable t	tate	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund C	npaign Financing - contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Flo	Make check payable trida Department of S	tate V 10	
10. IJIII	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRE P THOMAS, JOHN	9. Election Cam Trust Fund C	npaign Financing contribution.  11.  IIILE NAME	\$5.00 May Be Added to Fees	Flo	Make check payable trida Department of S	tate	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRE	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Floor INGES TO OFFICE	Make check payable trida Department of S ERS AND DIRECTORS IN	tate	
10. UILLE NAME STREEL ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRE P THOMAS, JOHN 520 TURTLE HATCH LN	9. Election Cam Trust Fund C	npaign Financing contribution.  11.  TILE  NAME  STREET ADDRESS  CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHA	Floore Blvd	Make check payable trida Department of S ERS AND DIRECTORS IN	tate	
10. THE NAME STREET ADDRESS CITY S1-ZIP	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRE P THOMAS, JOHN 520 TURTLE HATCH LN NAPLES, FL 34103 S POWER, JOHN	9. Election Cam Trust Fund C CTORS	npaign Financing Contribution.  11.  IIILE NAME SIREET ADDRESS CHY-SI-ZIP IIILE NAME	\$5.00 May Be Added to Fees ADDITIONS/CHA Secretary Marcha Lippe 4101 Gulf Sh	Floore Blvd	Make check payable trida Department of S  ERS AND DIRECTORS IN  Change  N. PH3	tate  1 10 Addillion	
10. VIIII NAML STREEL ADDRESS CITY S1-ZIP OTHE NAML STREEL ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DIRE P THOMAS, JOHN 520 TURTLE HATCH LN NAPLES, FL 34103 S POWER, JOHN 2121 CRAYTON ROAD	9. Election Cam Trust Fund C CTORS	npaign Financing Sontribution.  11.  IIILE NAME SIREET ADDRESS CHY-SI-ZIP IIILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHA Secretary Marcha Lippe 4101 Gulf Sh	Floore Blvd	Make check payable trida Department of S  ERS AND DIRECTORS IN  Change  N. PH3	tate  1 10 Addillion	
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12. I hereby certify that the information supplied with this filing does not qualify for line 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #