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Apr 30, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715454

1. Corporation Name

THE EXECUTIVE CLUB OF NAPLES, INC.

Principal Place of Business
**3300 GULF SHORE BLVD., NO.
NAPLES FL 33940**

Mailing Address
**3300 GULF SHORE BLVD., NO.
NAPLES FL 33940**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/23/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1291904	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**ADAMS, JOSEPH E
13515 BELL TOWER DRIVE STE 101
SUITE 101
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGEST, HUBERT	1.2 NAME	SHANNON, RIDGE
STREET ADDRESS	3300 GULF SHORE BLVD. N.	1.3 STREET ADDRESS	3300 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	NAPLES FL
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENTHAL, HENRY	2.2 NAME	
STREET ADDRESS	3300 GULF SHORE BLVD N	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSTON, PHILLIPS	3.2 NAME	SHAMBEAU, STEVEN D
STREET ADDRESS	3300 GULF SHORE BLVD N	3.3 STREET ADDRESS	3300 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MILLER, PATRICIA	4.2 NAME	
STREET ADDRESS	3300 GULF SHORE BLVD. N	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000 34103	4.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNERLY, JAMES E	5.2 NAME	HARRIS, REESE
STREET ADDRESS	3300 GULF SHORE BLVD N	5.3 STREET ADDRESS	3300 GULF SHORE BLVD N
CITY-ST-ZIP	NAPLES, FL 00000	5.4 CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	BRYAN, RICHARD D	6.2 NAME	
STREET ADDRESS	3300 GULF SHORE BLVD N	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *G. Miller* 4-27-99 941-261-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)