

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715454

FILED
May 01, 2006
Secretary of State

Entity Name: THE EXECUTIVE CLUB OF NAPLES, INC.

Current Principal Place of Business:

3300 GULF SHORE BLVD NORTH
NAPLES, FL 34103 US

New Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104 US

Current Mailing Address:

P.O. BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-1291904 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KUETER, BEVERLY
C/O SUNBURST MGMT. CORP
4306 ARNOLD AVE
NAPLES, FL 34104 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LARSON, LEN
Address: 3300 GULF SHORE BLVD., NORTH # 215
City-St-Zip: NAPLES, FL 34103

Title: DVP () Delete
Name: FAY, MARY
Address: 3300 GULF SHORE BLVD N #305
City-St-Zip: NAPLES, FL 34103

Title: DS () Delete
Name: SIMMONS, PUNKIE
Address: 3300 GULFSHORE BLVD N #103
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: CRAWFORD, RONALD
Address: 3300 GULF SHORE BLVD. N #308
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: SMOTT, KENNETH
Address: 3300 GULF SHORE BLVD., NORTH #108
City-St-Zip: NAPLES, FL 34103

Title: DT () Delete
Name: NONKEN, SARA
Address: 3300 GILF SHORE BLVD. N. #209
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEN LARSON

DP

05/01/2006

Electronic Signature of Signing Officer or Director

Date