## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#715454**

FILED Apr 07, 2007 Secretary of State

Entity Name: THE EXECUTIVE CLUB OF NAPLES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4306 ARNOLD AVENUE NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** P.O. BOX 110339 NAPLES, FL 34108 US FEI Number: 59-1291904 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LARSON, LEN Name: Name: 3300 GULF SHORE BLVD., NORTH # 215 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: DVP Title: (X) Change ( ) Addition ( ) Delete FAY, MARY Name: NONKEN, SARA Name: Address: 3300 GULF SHORE BLVD N #305 Address: 3300 GULF SHORE BLVD N #209 City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: DS (X) Change ( ) Addition SIMMONS, PUNKIE MASSI, BETTY Name: Name: 3300 GULFSHORE BLVD N #103 3300 GULFSHORE BLVD N #113 Address: Address: City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL Title: ( ) Delete Title: () Change () Addition Name: CRAWFORD, RONALD Name: 3300 GULF SHORE BLVD. N #308 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: () Delete Title: () Change () Addition SMOTT, KENNETH Name: Name: 3300 GULF SHORE BLVD., NORTH #108 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NONKEN, SARA SHANNON, POLLY Name: Name: Address: 3300 GILF SHORE BLVD. N. #209 Address: 3300 GILF SHORE BLVD. N. #116 NAPLES, FL 34103 NAPLES, FL 34103 City-St-Zip: 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 LARSEN DP 04/07/2007