## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 27, 2008 8:00 am Secretary of State **DOCUMENT # 716051** 1. Entity Name 05-27-2008 90038 049 \*\*\*\*61.25 THE IMPERIAL CLUB OF NAPLES, INC. Principal Place of Business Mailing Address 3399 GULF SHORE BLVD. N. NAPLES FL 34103 3399 GULF SHORE BLVD. N. NAPLES FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Act. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 59-1377317 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PECK, DANIEL D Street Address (P.O. Box Number is Not Acceptable) PECK & PECK 5801 PELICAN BAY BLVD., SUITE 103 NAPLES FL' 34108 City Zip Code 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 Signature, lyped or printed name of registered agent and title I applicable. (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE ☐ Delete TITLE DELUCA, SESTO NAME NAME 3399 GULFSHORE BLVD.N STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZiP CITY - ST- ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE EDEN, DON NAME HAME 3399 GULFSHORE BLVD.N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZiP VΩ YP CHAMBERS, WALTER 3399 GULF SHORE BLVD. NORTH, #409 X Addition Z Delete 2376 7.71.8 WORLEY, MARY CARROLL NAME NAME STREET ADDRESS 3399 GULFSHORE BLVD. N. STREET ADDRESS NAPLES, FL 34103 NAPLES FL 34103 CITY-ST-ZIE CITY-ST-ZIP ☐ Change ncitibbA 🔲 TITLE ☐ Delete TITLE SHRODE, DICK NAME NALAE 3399 GULF SHORE BLVD.N. STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY - ST - 7IP ☐ Delete ☐ Change □ Addition TITLE TITLE SCHILLING, PATRICIA NAME NAME 3399 CULF SHORE BLVD N STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: 400 /20 DON EDEN 4-30-08 239-435-4585

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.