## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # 716132 1. Entity Name 04-13-2006 90300 029 \*\*\*\*61.25 EMBASSY CLUB OF NAPLES, INC. Principal Place of Business Mailing Address 1717 GULF SHORE BLVD., NORTH 2335 9TH ST.N NAPLES FL 34102 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 59-1310124 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GULF VIEW PROPERTY MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) 2335 TAMIAMI TRAIL N **STE 505** NAPLES FL 34103 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstitling) FILE NOW: FEE IS \$61.25 9. Efection Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Gunlicks, William **□X**Delete THE TD \_\_\_ Change X Addition TITLE 5100 9th St. N. #119 CARPENTER, FRANK NAME NAME STREET ADDRESS 2307 N.SAINT JAMES PKWY STREET ADDRESS Naples, Fl. 34103 CLEVELAND OH 44106 CITY-ST-ZIP CHY-ST-ZIP VPD ☐ Addition TITLE D T\*Change ☐ Delete LUNDBLAD, RODGER NAME NAME 8241 CREEKSIDE CIRCLE STREET ADDRESS STREET ADDRESS **BLOOMINGTON MN 55437** CITY-ST-ZIP CITY-ST-7IP Nelele mt. SD Addition TITLE Campbell, Donald FARLANDER, JAMES NAME NAME 1116 Commercial Cir. STREET ADDRESS 1649 PRESWICK DR STREET ADDRESS Covington, In. CITY-ST-ZIP LAKE GENEVA WI 53147 CITY-ST-ZIP X Change ☐ Delete TITLE VPD ☐ Addition TITLE SHORNEY, GEORGE NAME NAME STREET ADDRESS 160 WEST ELM STREET ADDRESS WHEATON IL 61087 CITY-ST-7/P CITY-ST-ZIP Delete TITLEP D K) Change Addition TITLE Sadowski, Judy BLAIR, EDITH NAME NAME 244 Pine Crest Cir. 1717 GULFSHORE BLVD. N. #202 STREET ADDRESS STREET ADDRESS Barrington, IL 60010 NAPLES FL 34102 CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🖄

4-5-06

**FILED**