2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716132

Entity Name: EMBASSY CLUB OF NAPLES, INC.

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1717 GULF SHORE BLVD., NORTH NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

2335 9TH ST.N #505 NAPLES, FL 34103

FEI Number: 59-1310124 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:

GULF VIEW PROPERTY MANAGEMENT INC. 2335 TAMIAMI TRAIL N STE 505 NAPLES, FL 34103 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

(X) Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete GUNLICKS, WILLIAM PARKER, JOSEPH Name: Name: 5100 9TH ST N 119 Address: 1977 GULF SHORE BLVD NORTH Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip:

NAPLES, FL 34102

Title: () Delete Title: (X) Change () Addition Name: LUNDBLAD, RODGER Name: LUNDBLAD, RODGER Address: 8241 CREEKSIDE CIRCLE Address: 8241 CREEKSIDE CIRCLE City-St-Zip: BLOOMINGTON, MN 55437 City-St-Zip: BLOOMINGTON, MN 55437

Title: () Delete Title: () Change () Addition

CAMPBELL, DONALD Name: Name: Address: 1116 COMMERCIAL CIR Address: City-St-Zip: COVINGTON, IN 47932 City-St-Zip:

Title: VPD () Delete Title: (X) Change () Addition SHORNEY, GEORGE Name: Name: SHORNEY, GEORGE

160 WEST ELM Address: Address: 160 WEST ELM City-St-Zip: WHEATON, IL 61087 City-St-Zip: WHEATON, IL 61087

Title: () Delete Title: (X) Change () Addition

SADOWSKI, JUDY SADOWSKI, JUDY Name: Name: 244 PINE CREST CIR 244 PINE CREST CIR Address: Address: City-St-Zip: BARRINGTON, IL 60010 City-St-Zip: BARRINGTON, IL 60010

I hereby certify that the information supplied with this filing does not qualify 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: JUDY SADOWSKI PD 03/09/2009