2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 31, 2007 08:00 AM **DOCUMENT # 716304** 1. Entity Name **Secretary of State** RUSTLING PALMS CLUB OF NAPLES, INC. Principal Place of Business Mailing Address 230 3RD AVE S 9853 TAMIAMI TRL N NAPLES FL 34103 NAPLES FL 34108 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State 4. FEI Number City & State 59-1285078 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEAT PROPERTIES OF FLORIDA, INC Street Address (P.O. Box Number is Not Acceptable) 9853 TAMIAMI TRL N STE 226 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 DATE Signature, typed or printed name of registered agent and life if applicable. (NOTE Registered Agent signature required when reinstalling) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE U00000612457 NAME GREENLAND, BECKY NAME 02/02/07-80106-024 61.25 STREET ADDRESS STREET ADDRESS 6202 TOWN BROOKE CITY-ST ZIP CUTY - \$1 - 71P MIDDLETOWN CT 06457 ☐ Defete ☐ Change Addition IIII NAME HALF DUCOFF, JANICE STREET ADDRESS STREET ADDRESS 230 3RD ST S #5 CITY-ST-ZIP CITY ST ZIP NAPLES FL 34102 TITLE ☐ Delete HHE ☐ Change ☐ Addition STD NAME NAME WHITE, BELINDA STREET ADDRESS STREET ADDRESS 380 CAMBRIDGE DR CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Defete THE ☐ Change ☐ Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1-ZIP Change ☐ Addition ☐ Delete IIIL NAME STREET LADDRESS SIREE I ADDRESS CITY SI-ZIP CITY ST-ZIP ☐ Delete HILE ☐ Change ☐ Addition MILE MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZUP

12. I horoby 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 eath, that I am an officer or director eath the corporation or the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my pame appears in Block 10 or Block 11

with all other like omegwered.