

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717058
1. Corporation Name

NAPLES MIMOSA CLUB, INC.

Principal Place of Business: 1900 Alamanda Drive, Naples, FL 33940
Mailing Address: % Accounting & Tax Associates of Naples, 802 Anchor Rode Drive, Naples, FL 33940

3. Date Incorporated or Qualified: 08/28/1969
3a. Date of Last Report: April, 1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1376046
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: MELDON, THOMAS E., % Accounting & Tax Associates of Naples, Inc., 802 Anchor Rode Drive, Naples, FL 33940-2739

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	CREAGER, KEN	
STREET ADDRESS	1900 Alamanda Drive	
CITY-ST-ZIP	Naples, FL 33940	
TITLE	D/T	<input type="checkbox"/> DELETE
NAME	BUONO, PHILIP	
STREET ADDRESS	2140 Laure Conan Avenue	
CITY-ST-ZIP	Montreal, CANADA	
TITLE	D/S	<input type="checkbox"/> DELETE
NAME	HALL, VIRGINIA	
STREET ADDRESS	1900 Alamanda Drive	
CITY-ST-ZIP	Naples, FL 33940	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, CAROLYN	
STREET ADDRESS	1900 Alamanda Drive	
CITY-ST-ZIP	Naples, FL 33940	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, JOAN	
STREET ADDRESS	1900 Alamanda Drive	
CITY-ST-ZIP	Naples, FL 33940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	600001831266 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/21/96--01025--009
5.3 STREET ADDRESS	***61.25
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Ken Creager* Ken Creager, President 4/29/96 (941) 262-1874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

5-20-96 OR