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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 717058 (2)

1. Corporation Name
NAPLES MIMOSA CLUB, INC.



Principal Place of Business: 1900 ALAMANDA DR. NAPLES FL 33940 US
Mailing Address: % ACCOUNTING & TAX ASSOCIATES OF NAPLES 802 ANCHOR RODE DR. NAPLES FL 34103-2739 US

3. Date Incorporated or Qualified: 08/28/1969
3a. Date of Last Report: 05/20/1996

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) 34102 Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number (4) 59-1376046 Applied For (5) Not Applicable
5. Certificate of Status Desired (5) \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution (6) \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (8) Yes (9) No

9. Name and Address of Current Registered Agent: MELDON, THOMAS E 802 ANCHOR RODE DRIVE NAPLES FL 33940
10. Name and Address of New Registered Agent (81) Name (82) Street Address (P.O. Box Number is Not Acceptable) (83) (84) City (85) Zip Code FL 34103-2739

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, CAROLYN	1.2 NAME	
STREET ADDRESS	1900 ALAMANDA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	34102
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, VIRGINIA	2.2 NAME	HALL, EUGENE
STREET ADDRESS	1900 ALAMANDA DR	2.3 STREET ADDRESS	1900 ALAMANDA DRIVE
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, JOAN	3.2 NAME	
STREET ADDRESS	1900 ALAMANDA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	34102
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUONO, PHILIP	4.2 NAME	
STREET ADDRESS	2140 LAURE CONAN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAGER, KEN	5.2 NAME	
STREET ADDRESS	1900 ALAMANDA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	5.4 CITY-ST-ZIP	34102
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SHEA, WILLIAM
STREET ADDRESS		6.3 STREET ADDRESS	1900 ALAMANDA DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NAPLES, FL 34102

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* CREAGER, President 4/21/97 (941) 261-7724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0088907

CR2E037 (9/96)