


FILE NOW: FILING FEE IS \$61.25

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90085 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717058

1. Corporation Name
NAPLES MIMOSA CLUB, INC.

Principal Place of Business 1900 ALAMANDA DR. NAPLES FL 34102 US	Mailing Address % ACCOUNTING & TAX ASSOCIATES OF NAPLES 802 ANCHOR RODE DR. NAPLES FL 34103-739 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 08/28/1969	4. FEI Number 59-1376046	Applied For Not Applicable
24	25	29	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MELDON, THOMAS E 802 ANCHOR RODE DRIVE NAPLES FL 34103				81 Name	David J. Hudson
				82 Street Address (P.O. Box Number is Not Acceptable)	C/O Accounting & Tax Associates of Naples
				83	802 Anchor Rode Drive
				84 City	Naples
		85 Zip Code	FL	34103	

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 *David J. Hudson* **David J. Hudson** 4/27/99
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	DP <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	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, JOAN	2.2 NAME	
STREET ADDRESS	1900 ALAMANDA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUONO, PHILIP	3.2 NAME	
STREET ADDRESS	2140 LAURE CONAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC	3.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREAGER, KEN	4.2 NAME	DVP
STREET ADDRESS	1900 ALAMANDA DR.	4.3 STREET ADDRESS	Stringholt, Phillip
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	1900 Alameda Drive Naples, FL 34102
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, WILLIAM	5.2 NAME	
STREET ADDRESS	1900 ALAMANDA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DVP
STREET ADDRESS		6.3 STREET ADDRESS	Hall, Dugene
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1900 Alameda Drive Naples, FL 34102

14. I 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, with all other like empowered.

SIGNATURE: *David J. Hudson* **David J. Hudson** 4/27/99 941-649-1354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/1/98)