


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90221 023 ****61.25

DOCUMENT # 717058 1. Entity 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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2335 9th Street N Suite, Apt. #, etc. Suite 505	
City & State Naples FL		4. FEI Number 59-1376046	
Zip 341003		Country Collier	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLUEMEL, MALCOLM C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES 802 ANCHOR RODE DRIVE NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Gulf View Property Mgmt. Street Address (P.O. Box Number is Not Acceptable) 2335 9th St N #505 City Naples	
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 <i>Jacquelyn D. Dugleski Sec/Treas</i> (NOTE: Registered Agent signature required when reissuing)	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHI, MICHAEL 1900 ALAMANDA DR, #109 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUONO, PHILIP 2140 LAURE CONAN AVE. MONTREAL, QUEBEC, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNK, VINCE 1900 ALAMANDRA DR 307 NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DUGENE, HALL 1900 ALAMANDA DR. NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Virginia Hall 1900 Alamanda Dr #108 Naples FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORMSBY, JOHN 1900 ALAMANDA DR., #308 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ray Rivera 1900 Alamanda Dr. # 205 Naples FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Virginia Hall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-30-04 Date	
		239-403-7991 Daytime Phone #	

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