


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

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90014 006 ****61.25

DOCUMENT # 717058
1. Entity Name
NAPLES MIMOSA CLUB, INC.



Principal Place of Business Mailing Address
**1900 ALAMANDA DR.
NAPLES FL 34102
US** **2335 9TH STREET N., #505
NAPLES FL 34103-739
US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/06)
4. FEI Number Applied For
59-1376046 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**GULF VIEW PROPERTY MGMT
2335 9TH STREET N., #505
NAPLES FL 34103**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$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 **SD** Delete
NAME **INTRIERI, LUIGI**
STREET ADDRESS **1900 ALAMANDA DR 304**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **TD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **YAHRAES, FRED**
STREET ADDRESS **1900 ALAMANDA DR 103**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **BUONO, PHILLIP**
STREET ADDRESS **1900 ALAMANDA DR 301**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** Change Addition
NAME **Richard E. Silloway**
STREET ADDRESS **1900 Alamanda Dr.**
CITY-ST-ZIP **Naples FL 34102**

TITLE **PD** Delete
NAME **Karen cipriani**
STREET ADDRESS **1900 Alamanda Dr.**
CITY-ST-ZIP **Naples FL 34102**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **Marjorie Yelmokas**
STREET ADDRESS **1900 Alamanda Dr.**
CITY-ST-ZIP **Naples FL 34102**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **Lisa Chapman**
STREET ADDRESS **1900 Alamanda Dr.**
CITY-ST-ZIP **Naples FL 34102**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby 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 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 who are empowered.

SIGNATURE: *Kareel Cepreacci* **President** 3/16/07 239 403-7991