

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90113 022 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1376046**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DS	ANDREWS, JOAN	1900 ALAMANDA DRIVE	NAPLES FL	<input checked="" type="checkbox"/>
TD	BUONO, PHILIP	2140 LAURE CONAN AVE.	MONTREAL, QUEBEC	<input type="checkbox"/>
D	FUNK, VINCE	1900 ALAMANDRA DR 307	NAPLES FL 34102	<input type="checkbox"/>
D	O'CONNOR, FRANK	1900 ALAMANDA DR #106	NAPLES FL 34102	<input checked="" type="checkbox"/>
DVP	DUGENE, HALL	1900 ALAMANDA DR.	NAPLES FL 34102	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P.	MACHI MICHAEL	1900 ALAMANDA DRIVE # 109	NAPLES FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	ORMSBY JOHN	1900 ALAMANDA DRIVE # 308	NAPLES FL 34102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Signature of P. Machi

02-25-03

CR2E037 (10/02)