


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90021 038 ****61.25

DOCUMENT # 719531			
1. Entity Name CAMELOT CLUB OF NAPLES, INC.			
Principal Place of Business 3055 N. RIVIERA DR. NAPLES FLA, 34103		Mailing Address 2335 TAMiami TR. STE 505 NAPLES, FL 34103	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GULF VIEW PROPERTY MGMT. 2335 TAMiami TRAIL STE 505 NAPLES, FL 34103-0708		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 _____ <small>Signature, handwritten name of registered agent and the classification. (NOTE: Registered Agent's signature required when registering.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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	TD MASSARONE, LOUIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSARONE, LOUIS	NAME	
STREET ADDRESS	3055 N. RIVIERA DRIVE #101	STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 34103	CITY- ST- ZIP	
TITLE	PD RUSCIO, BARBARA <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSCIO, BARBARA	NAME	Canglin, Leon
STREET ADDRESS	3050 RIVIERA DR. #203	STREET ADDRESS	3055 Riviera Drive N. #107
CITY- ST- ZIP	NAPLES, FL 34103	CITY- ST- ZIP	Naples, FL 34103
TITLE	SD CLAY, LARRY <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAY, LARRY	NAME	Rinehart, Lynn
STREET ADDRESS	3055 N. RIVIERA DRIVE #307	STREET ADDRESS	3055 Riviera Drive N. #106
CITY- ST- ZIP	NAPLES, FL 34103	CITY- ST- ZIP	Naples, FL 34103
TITLE	D RUPERT, JIM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUPERT, JIM	NAME	
STREET ADDRESS	3055 RIVIERA DRIVE #206	STREET ADDRESS	
CITY- ST- ZIP	NAPLES, FL 34103	CITY- ST- ZIP	
TITLE	VPD CATARSI, HANK <input checked="" type="checkbox"/> Delete	TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATARSI, HANK	NAME	Day, Larry
STREET ADDRESS	3055 RIVIERA DRIVE #201	STREET ADDRESS	3055 Riviera Drive N. #202
CITY- ST- ZIP	NAPLES, FL 34103	CITY- ST- ZIP	Naples, FL 34103
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.			
SIGNATURE: <i>Louis Massarone</i> LOUIS MASSARONE, Treasurer 3/27/08 239-403-7491		DATE: _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	