

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719531

FILED
Mar 02, 2009
Secretary of State

Entity Name: CAMELOT CLUB OF NAPLES, INC.

Current Principal Place of Business:

3055 N. RIVIERA DR.
NAPLES FLA, 34103

New Principal Place of Business:

3055 N. RIVIERA DR.
NAPLES, FL 34103

Current Mailing Address:

2335 TAMIAMI TR.
STE 505
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-1378348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULF VIEW PROPERTY MGMT.
2335 TAMIAMI TRAIL
STE 505
NAPLES, FL 341030708 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MASSARONE, LOUIS
Address: 3055 N. RIVIERA DRIVE #101
City-St-Zip: NAPLES, FL 34103

Title: PD () Delete
Name: CANGLIN, LEON
Address: 3055 RIVIERA DR N 107
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: RINEHART, LYNN
Address: 3055 RIVIERA DR N 106
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: RUPERT, JIM
Address: 3055 RIVIERA DRIVE #206
City-St-Zip: NAPLES, FL 34103

Title: VPD (X) Delete
Name: DAY, LARRY
Address: 3055 RIVIERA DR N 202
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DAY, LARRY
Address: 3055 RIVIERA DR N 202
City-St-Zip: NAPLES, FL 34103

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS MASSARONE

TD

03/02/2009

Electronic Signature of Signing Officer or Director

_____ Date