

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721310

FILED  
Jan 19, 2008  
Secretary of State

**Entity Name:** TWENTY-FOUR HOUR CLUB OF NAPLES, INC.

**Current Principal Place of Business:**

1509 PINE RIDGE ROAD  
NAPLES, FL 34109 21

**New Principal Place of Business:**

**Current Mailing Address:**

1509 PINE RIDGE ROAD  
NAPLES, FL 34109 21

**New Mailing Address:**

**FEI Number:** 23-7178338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARTER, RICHARD  
550 NEAPOLITAN WAY  
NAPLES, FL 34103 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: VD ( ) Delete  
Name: SEITZ, MARK  
Address: 5840 COPPER LEAF LANE  
City-St-Zip: NAPLES, FL 34116

Title: SD ( ) Delete  
Name: LIPMAN, RICK  
Address: 2751 BUCKTHORN WAY  
City-St-Zip: NAPLES, FL 34105

Title: TD ( ) Delete  
Name: BIANCO, DONALD  
Address: 6416 HUNTINGTON LAKES  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: REIN, COLLEEN  
Address: 4448 SW 28TH PL  
City-St-Zip: NAPLES, FL 34116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: COLLEEN REIN

D

01/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date