

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723036

FILED
Feb 17, 2005
Secretary of State

Entity Name: MIRAMAR CLUB OF NAPLES, INC.

Current Principal Place of Business:

2750 GULF SHORE BLVD., NORTH
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

2750 GULF SHORE BLVD., NORTH
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1449313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEEK, GLENN E
2750 GULFSHORE BLVD. N.
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: PD () Delete
Name: GALLAGHER, BOB
Address: 2750 GULF SHORE BLVD, N
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: BLAKELY, DR. RICHARD
Address: 2750 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: VPSD () Delete
Name: READ, ARTHUR
Address: 2750 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: TD () Delete
Name: COPE, COLIN
Address: 2750 GULFSHORE BLVD., N.
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: BLAKELY, RICHARD
Address: 2750 GULFSHORE BLVD N
City-St-Zip: NAPLES, FL

Title: D () Delete
Name: CASSIDY, SUSAN
Address: 2750 GULFSHORE BLVD N
City-St-Zip: NAPLES, FL

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:

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 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 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: ROBERT C. GALLAGHER

PRES

02/17/2005

Electronic Signature of Signing Officer or Director

Date