


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90186 050 \*\*\*\*61.25

<b>DOCUMENT # 723036</b> 1. Entity Name <b>MIRAMAR CLUB OF NAPLES, INC.</b>					
Principal Place of Business <b>2750 GULF SHORE BLVD., NORTH NAPLES, FL 34103 US</b>			Mailing Address <b>2750 GULF SHORE BLVD., NORTH NAPLES, FL 34103 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1449313</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHEEK, GLENN E 2750 GULFSHORE BLVD. N. NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name <b>Eugene Schwertfeger, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2750 Gulf Shore N</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</b>	
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 <i>Eugene Schwertfeger</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4-11-07</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLAGHER, BOB		NAME		
STREET ADDRESS	2750 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAKELY, DR. RICHARD		NAME	<b>Sokolis, Mark</b>	
STREET ADDRESS	2750 GULF SHORE BLVD N		STREET ADDRESS	<b>2750 Gulf Shore Blvd N.</b>	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	<b>Naples FL 34103</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMPSON, ANN		NAME	<b>Shull, Laurie</b>	
STREET ADDRESS	2750 GULF SHORE BLVD N		STREET ADDRESS	<b>2750 Gulf Shore Blvd N</b>	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	<b>Naples FL 34103</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COPE, COLIN		NAME		
STREET ADDRESS	2750 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASSIDY, DR. SUSAN		NAME		
STREET ADDRESS	2750 GULF SHORE BLVD N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
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>Eugene Schwertfeger</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <b>4-11-07</b> DAYTIME PHONE # <b>239-261-2900</b>		