2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT # 727628 1. Entity Name NAPLES BATH AND TENNIS CLUB UNIT A, INC.					02-27-2006 90045 027 ****61.25		
Principal Place of Business Mailing Address 3050 N. HORSESHOE DR., #172 3050 N. HORSESHOE I NAPLES, FL 34104 US NAPLES, FL 34104		3050 N. HORSESHOE DR.,	_				
Principal Place of Business 3.		3. Mailing Address	. Mailing Address			. 8.131, 8.131, 1273, 1181 E., 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			g-NP CR2E03	7 (11/05)	
City & State		City & State		4. FEI Number 59-188648	9	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Additional ee Required	
6Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FREDERICK, ROBIN				Name			
710 BALD NAPLES, I			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
			City	City FL Zip Code			
	named entity submits this statement tions of registered agent.	for the purpose of changing its reg	gistered office or reg	jistered agent, or both, in t	the State of Florida. I am fa	amiliar with, and accept	
OLONIA TUDE							
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	agistered Agent signature rec	quired when reinstating)	DATE		
SIGNATURE .	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2006	nt and title if applicable. (NOTE: Re 9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Make check Florida Depart		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Campa Trust Fund Con	aign Financing tribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check Florida Depart S TO OFFICERS AND DIR	ment of State	
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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:

Robin Grederick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06

239 403 4006

Daytime Phone #