

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90015 036 ****61.25

DOCUMENT # 727654

1. Entity Name
NAPLES BATH AND TENNIS CLUB COMMONS AREA, INC.



Principal Place of Business
**3050 N. HORSEHOE DR.
#172
NAPLES, FL 34104 US**

Mailing Address
**3050 N. HORSEHOE DR.
#172
NAPLES, FL 34104 US**

50011965



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1651697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~DEVINE, DAN~~
**117 B. BOB LINK WA
NAPLES, FL 34105**

**DEVINE, DAN
117 B Bob o LINK Way
Naples Fl 34105**

**DO NOT WRITE
IN THIS SPACE**

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 **Dan Devine**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVINE, DAN 117 B BOB O LINL WAY NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONELL, HORACE FREDERICK, Robin 710 BALD EAGLE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, DON REILLY, BART 1930 BALD EAGLE DR 1760 B BALD EAGLE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PELLETIERE, LEN 750 BALD EAGLE DR. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEAN, DON 1601 C SPOONBILL LN. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Dan Devine**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

Date

239-403 4006

Daytime Phone #