


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 004 ****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
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40019823



02042008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent ALLEN, CHARLES 3050 N. HORSESHOE DR #172 NAPLES, FL 34104	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREDERICK, ROBIN 710 BALD EAGLE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, BART 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	VPD WOLF, DON 1350 BLADEAGLE DR NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Charles Allen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/4/08</u> <small>Date</small>	<u>239 403 4006</u> <small>Daytime Phone #</small>
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