2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727654

FILED Mar 19, 2009 Secretary of State

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

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
3050 N. HC #172	DRSEHOE DF	₹.			
NAPLES, F	FL 34104 L	JS			
Current Mailing Address:			New Maili	New Mailing Address:	
3050 N. HC #172	ORSEHOE DR	₹.			
NAPLES, F	FL 34104 L	JS			
FEI Number:	59-1651697	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
# 172	HARLES DRSESHOE D FL 34104 US	DR			
	named entity e of Florida.	submits this statement for the pur	pose of changing i	ts registered office or registered agent, or both,	
SIGNATUF					
	Electro	nic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	PD (FREDERICK, F 710 BALD EAG NAPLES, FL 3	LE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D (REILLY, BART 1760 B BALD E NAPLES, FL 3	EAGLE	Title: Name: Address: City-St-Zip:	DT (X) Change () Addition REILLY, BART 1760 B BALD EAGLE NAPLES, FL 34105	
Fitle: Name: Address: City-St-Zip:	ST (PELLETIERE, 750 BALD EAG NAPLES, FL 3	LE DR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PELLETIERE, LEN 750 BALD EAGLE DR. NAPLES, FL 34105	
Fitle: Name: Address: City-St-Zip:	VPD (WOLF, DON 1350 BLADEAG NAPLES, FL 3		Title: Name: Address: City-St-Zip:	D (X) Change () Addition WOLF, DON 1350 BLADEAGLE DR NAPLES, FL 34105	
Fitle: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SD () Change (X) Addition SIEDE, DAVE 611 JACANA CIR NAPLES, FL 34105	
Fitle: Name: Address: Dity-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MALM, RUTH 1549-A OYSTER CATCHER NAPLES, FL 34105	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES ALLEN M 03/19/2009