FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

FILED					
Mar 20 1998 8:00am					
Secretary of State					

1. Corporation	an Na me	• •			
	ES BAY CLUB, INC.				
Principal Plac	ee of Business	Mailing Address			
800 RIVER PO NAPLES FL 34 US		C/O SOUTHWEST PROP. MA 1044 CASTELLO DR., #206 NAPLES FL 34103	ANAGEMENT	3. Date Incorporated or Qualified 06/28/1974	
				4. FEI Number Applied For	
0.0000000000000000000000000000000000000	Place of Business	Ton Adelline Address		59-2235790 Not Applicable	
21		2a. Mailing Address 26 c/o Gulf Vi	lew Prop.	5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27 2335 Tamlan	n1 Tr 303	6. Election Campaign Financing \$5.00 May Be	
City & Stat	-	City & State	HI 11 303		
23		Naples FI		7. Is this nonprofit corporation a homeowners association? ☐ Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes ✓ No	
24	9. Name and Address of Current I		O Collier	10. Name and Address of New Registered Agent	
81 Nam					
SOUTHWEST PROPERTY MANAGEMENT CORP.			OD Chron	Therese A Wagner Address (P.O. Box Number is Not Acceptable)	
1044 CASTELLO DR., #206				Gulf View Property Mgmt	
NAPLES FL 34103			lea!	2335 Tamiami Trail N #303B	
				Naples FL 3	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fjorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fagistic with, and accept the obtaining of Section 617.0503, Florida Statutes. SIGNATURE A. WAGNER.					
SIGNATURE Signature, typed or printed partie of registered agent a					
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	AZMAN, ROBERT		1.2 NAME		
STREET ADDRESS	800 RIVER POINT DR #210	-	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	2.1 TITLE	SD Change Addition	
NAME	SWEET, ROBERT		2.2 NAME	Mary Mathis	
STREET ADDRESS	800 RIVER POINT DR #209 NAPLES FL	:	2.3 STREET ADDRESS	800 River Point Dr #316 Naples, fl 34112	
CITY-ST-ZIP TITLE	DT	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	I Chande L≫CAddalba I	
NAME	ARNOLD, MARSHALL		3.2 NAME	TD	
STREET ADDRESS	800 RIVER POINT DR., #211		3.3 STREET ADDRESS	Helen Poppert	
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP	800 River Point Dr #211	
TITLE	VPD	DELETE	4.1 TITLE	Naples Fl 34112 Change Addition	
NAME	Marshall Arnold	·	4. 2 NAME		
STREET ADDRESS	800 River Point	Dr #211	4.3 STREET ADDRESS		
CITY-ST-ZIP	Naples, FL 341	12 DELETE	4.4 CITY - ST - ZIP	Obenia ST AURICE	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change 💆 Addition	
NAME ATREET LIDBRESS	Hank Kosidowski		5.2 NAME		
STREET ADDRESS	000 54 5-4-4	D. #FOF	5.3 STREET ADDRESS		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 T/TLE

6.2 NAME

Naples, FL

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME 800 River Point Dr #535

2/2/98

AU/24/12 300/

Change

Addition