

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90017 025 ****61.25

DOCUMENT # 730094

1. Entity Name

NAPLES BAY CLUB, INC.



Principal Place of Business

800 RIVER POINT DR
NAPLES FL 34102
US

Mailing Address

C/O GULF VIEW PROP.
2325 TAMiami TRAIL STE 505
NAPLES FL 34103
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2235790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, THERESE A.
GULF VIEW PROPERTY MANAGEMENT
2335 TAMiami TRAIL STE 505
NAPLES FL 34103

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reuniting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME MATHIS, MARY
STREET ADDRESS 800 RIVER POINT DRIVE #316
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME RICH, HAROLD
STREET ADDRESS 800 RIVER POINT DR #212
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME ARNOLD, MARSHALL
STREET ADDRESS 800 RIVER POINT DRIVE #211
CITY-ST-ZIP NAPLES FL 34102

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KOSIDOWSKI, HANK
STREET ADDRESS 800 RIVER POINT DRIVE #535
CITY-ST-ZIP NAPLES FL 34102

TITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Delete
NAME GILHART, JOHN
STREET ADDRESS 800 RIVER PT DR, # 319
CITY-ST-ZIP NAPLES FL 34102

TITLE TD ☐ Change ☒ Addition
NAME Poppert, Helen
STREET ADDRESS 800 River Point Drive #537
CITY-ST-ZIP Naples, FL 34102

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Strand, Jane C.
STREET ADDRESS 800 River Point Drive #540
CITY-ST-ZIP Naples, FL 34102

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-9-07- 239-403-7991