

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90002 036 ****61.25

DOCUMENT # 730384

1. Entity Name
NAPLES LARCHMONT CLUB, INC.



Principal Place of Business
745 12TH AVE S.
SUITE AA
NAPLES, FL 34102 US

Mailing Address
745 12TH AVE S.
SUITE AA
NAPLES, FL 34102 US

44004615



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1031999

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MOORE PROPERTY MANAGEMENT
745 2TH AVE S.
SUITE D
NAPLES, FL 33940

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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 WOOD, JOAN
STREET ADDRESS 331 6TH ST. S
CITY-ST-ZIP NAPLES, FL 34102

TITLE D ☐ Change ☒ Addition
NAME JACKSON, ANN MARIE
STREET ADDRESS 2780 - 12th Ct. North
CITY-ST-ZIP Naples, FL 34103

TITLE D ☒ Delete
NAME TOMASSO, ROBERT
STREET ADDRESS 1095 8TH AVE N
CITY-ST-ZIP NAPLES, FL 34102

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

TITLE SD ☐ Delete
NAME ABBOT, SALLY
STREET ADDRESS 331 6TH ST. S
CITY-ST-ZIP NAPLES, FL 34102

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

TITLE TD ☐ Delete
NAME PLESEK, ANGELINA
STREET ADDRESS 337 6TH ST S
CITY-ST-ZIP NAPLES, FL 39102

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Sally Abbot*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04
Date

239-262-5051
Daytime Phone #