

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90345 014 \*\*\*\*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

20048987



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005

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, 2005**

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

TITLE VP  
NAME WOOD, JOAN ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D  
NAME JACKSON, ANN MARIE ☒ Delete  
STREET ADDRESS 2780 12TH CT. NORTH  
CITY-STATE-ZIP NAPLES, FL 34102

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

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

TITLE P  
NAME ABBOT, SALLY ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

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

TITLE S  
NAME PLESEK, ANGELINA ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-05

Date

239-262-5051

Daytime Phone #