


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 002 ****61.25

DOCUMENT # 730384
 1. Entity Name
NAPLES LARCHMONT CLUB, INC.



Principal Place of Business
**C/O COASTAL PROPERTY MANAGEMENT OF SW FLA.
 501 GOODLETTE ROAD N, SUITE A-206
 NAPLES, FL 34102 US**

Mailing Address
**C/O COASTAL PROPERTY MANAGEMENT OF SW FLA.
 501 GOODLETTE ROAD N, SUITE A-206
 NAPLES, FL 34102 US**

40085064



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02122007	Chg-NP	CR2E037 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE C-200		4. FEI Number 59-1031999		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country	Applied For Not Applicable		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COASTAL PROPERTY MANAGEMENT OF SW FLORIDA 501 GOODLETTE ROAD NORTH, SUITE-A-206 NAPLES, FL 33940				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				SUITE C-200			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, JOAN			NAME			
STREET ADDRESS	331 6TH ST. S			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABBOT, SALLY			NAME			
STREET ADDRESS	331 6TH ST. S			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLESEK, ANGELINA			NAME			
STREET ADDRESS	337 6TH ST S			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 39102			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	TERESA CIRIO-GUMPERT		
STREET ADDRESS				STREET ADDRESS	19766 BEAULIEU Ct., FT. MYERS, FL		
CITY-ST-ZIP				CITY-ST-ZIP	33902		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Green - Manager
 2/28/2007 239-434-2077