


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # 730384 1. Entity Name NAPLES LARCHMONT CLUB, INC.	
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Principal Place of Business C/O COASTAL PROPERTY MANAGEMENT 501 GOODLETTE ROAD N, SUITE A-206 NAPLES, FL 34102 US	Mailing Address C/O COASTAL PROPERTY MANAGEMENT SUITE C-200 NAPLES, FL 34102 US
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02192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1031999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COASTAL PROPERTY MANAGEMENT OF SW FLORIDA
 501 GOODLETTE ROAD NORTH, SUITE C-200
 NAPLES, FL 33940

DO NOT WRITE IN THIS SPACE

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, 2008.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOOD, JOAN 331 6TH ST. S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABBOT, SALLY 331 6TH ST. S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLESEK, ANGELINA 337 6TH ST S NAPLES, FL 39102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CIROV-GUMPART, TERESA 19766 BEAULIEU CT. FORT MYERS, FL 33902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000848448
 03/20/08-80018-007 61.25

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:  3/3/08 John S. Green - Manager
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 239-434-2077