

**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.



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**



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 ☐

**\$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

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, 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-GUMPERT, 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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IN THIS SPACE**

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

3/3/08

John S. Green - Manager

Date

239-434-2077