

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730384

FILED
Apr 23, 2009
Secretary of State

Entity Name: NAPLES LARCHMONT CLUB, INC.

Current Principal Place of Business:

C/O COASTAL PROPERTY MANAGEMENT
501 GOODLETTE ROAD N, SUITE A-206
NAPLES, FL 34102 US

New Principal Place of Business:

311-341 6TH ST S
NAPLES, FL 34102 US

Current Mailing Address:

C/O COASTAL PROPERTY MANAGEMENT
SUITE C-200
NAPLES, FL 34102 US

New Mailing Address:

C/O MOORE PROPERTY MGMT
745 12TH AVE S. #AA
NAPLES, FL 34102 US

FEI Number: 59-1031999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MOORE PROPERTY MANAGEMENT, LLC
745 12TH AVE S #AA
NAPLES, FL 34102 US

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.

SIGNATURE: JOHN MCGUSHIN

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: WOOD, JOAN
Address: 331 6TH ST. S
City-St-Zip: NAPLES, FL 34102

Title: P () Delete
Name: ABBOT, SALLY
Address: 331 6TH ST. S
City-St-Zip: NAPLES, FL 34102

Title: S () Delete
Name: PLESEK, ANGELINA
Address: 337 6TH ST S
City-St-Zip: NAPLES, FL 39102

Title: T () Delete
Name: CIROV-GUMPert, TERESA
Address: 19766 BEAULIEU CT.
City-St-Zip: FORT MYERS, FL 33902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CIROU-GUMPert, THERESA
Address: 19766 BEAULIEU
City-St-Zip: FT. MYERS, FL 33908

Title: VP (X) Change () Addition
Name: ABBOT, SALLY
Address: 331 6TH ST. S
City-St-Zip: NAPLES, FL 34102

Title: S (X) Change () Addition
Name: SZILAGYI, ELAINE
Address: P O BOX 610
City-St-Zip: FORT DAVIS, TX 79734

Title: D (X) Change () Addition
Name: ALDIKA, LISA
Address: 599 9TH ST N #313
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESA CIROU-GUMPert

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date