


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90138 029 \*\*\*\*61.25

DOCUMENT # 730384  
1. Entity Name  
Naples Larchmont club



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>745 12th Ave S</u>		3. Mailing Address <u>745 12th Ave S</u>	
Suite, Apt. #, etc. <u>AA</u>		Suite, Apt. #, etc. <u>suite AA</u>	
City & State <u>Naples FL</u>		City & State <u>Naples FL</u>	
Zip <u>34102</u>	Country <u>USA</u>	Zip <u>34102</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of, and address of, principal officer or registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-appointing))

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

10. OFFICERS AND DIRECTORS			
TITLE	<u>T/D</u>	TITLE	
NAME	<u>Angelina Plesek</u>	NAME	
STREET ADDRESS	<u>337 6th ST S.</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>Naples FL 34102</u>	CITY - ST - ZIP	
TITLE	<u>P/D</u>	TITLE	
NAME	<u>Sally Abbott</u>	NAME	
STREET ADDRESS	<u>315 6th ST S.</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>Naples FL 34102</u>	CITY - ST - ZIP	
TITLE	<u>S/D</u>	TITLE	
NAME	<u>Jocan Wood</u>	NAME	
STREET ADDRESS	<u>331 6th ST S.</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>Naples, FL 34102</u>	CITY - ST - ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>Robert Tomasso</u>	NAME	
STREET ADDRESS	<u>1095 8th Ave. N.</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>Naples FL 34102</u>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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 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 on an attachment with an address, with all other like empowered.

Sally Abbott 3/17/03 239 262 5051  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)