

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 732780

1. Entity Name
NAPLES BATH AND TENNIS CLUB, UNIT B, INC.



Principal Place of Business
3050 N. HORSESHOE DR
STE 172
NAPLES, FL 34104 US

Mailing Address
3050 N. HORSESHOE DR
STE 172
NAPLES, FL 34104 US



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1701498

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEWTON, CLAUDIA
520 BALD EAGLE DR
NAPLES, FL 34105

**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 Claudia Newton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000216528
02/05/05-80052-020 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME BISHOP, ELIZABETH
STREET ADDRESS 410 WIDGEON PT
CITY-ST-ZIP NAPLES, FL

TITLE PD
NAME NEWTON, CLAUDIA
STREET ADDRESS 520 BALD EAGLE DR
CITY-ST-ZIP NAPLES, FL 34105

TITLE DS
NAME CHARLOTTE, SABIN
STREET ADDRESS 600 BALD EAGLE DR
CITY-ST-ZIP NAPLES, FL 34105

TITLE TD
NAME THALER, SONDR
STREET ADDRESS 540 BALD EAGLE DR
CITY-ST-ZIP NAPLES, FL 34105

TITLE VD
NAME BASILI, RENZO
STREET ADDRESS 411 WIDGEON PT
CITY-ST-ZIP NAPLES, FL 34105

TITLE D
NAME TARDY, MARTHA
STREET ADDRESS 651 JACANA CIR.
CITY-ST-ZIP NAPLES, FL 34105

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Claudia Newton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05

Date

239-403 4006

Daytime Phone #