


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90009 035 \*\*\*\*61.25

<b>DOCUMENT # 732780</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1701498	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEWTON, CLAUDIA 520 BALD EAGLE DR NAPLES, FL 34105			Name <b>CHARLES ALLEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3050 N. HORSESHOE DR #172</b> City <b>NAPLES</b> FL Zip Code <b>34104</b>		
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 <i>Charles Allen</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>CHARLES ALLEN</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>2/21/07</b> <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, ELIZABETH 410 WIDGEON PT NAPLES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEDE, DAVE 611 JACANA CR. NAPLES, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWTON, CLAUDIA 520 BALD EAGLE DR NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S PUOPOLLO, LOU 601 JACANA CR. NAPLES, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS CHARLOTTE, SABIN 600 BALD EAGLE DR NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/D MARY NELSON WHITE 621 JACANA CR. NAPLES, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THALER, SONDR 540 BALD EAGLE DR NAPLES, FL 34105	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HISLE, <del>LOU</del> <b>GUY</b> 430 LODGEON A NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HISLE, GUY 430 Widgeon Pt. Naples, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARDY, MARTHA 651 JACANA CIR. NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TARDY, MARTHA 651 JACANA CIR. NAPLES, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Martina H. Tardy</i>		<b>2/28/07</b>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
MARTHA H. TARDY					

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