

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90011 016 ****61.25

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

40019261



02012008 No Chg-NP CR2E037 (4/06)

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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

ALLEN, CHARLES
3050 N. HORSESHOE DR #172
NAPLES, FL 34101

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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	D
NAME	SIEDE, DAVE
STREET ADDRESS	611 JACANA CR
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	DS
NAME	PUOPOLO, LOU
STREET ADDRESS	601 JACANA CR
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	VD
NAME	WHITE, MARY N
STREET ADDRESS	621 JACANA CR
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	VD
NAME	HISLE, GUY
STREET ADDRESS	430 WIDGEON PT.
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D
NAME	TARDY, MARTHA
STREET ADDRESS	651 JACANA CIR.
CITY-ST-ZIP	NAPLES, FL 34105
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:

Mary Nelson White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #