2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 732780

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1701498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SIEDE, DAVE
Address: 611 JACANA CR
City-St-Zip: NAPLES, FL 34105

Title: DS ( ) Delete
Name: PUOPOLO, LOU
Address: 601 JACANA CR
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete
Name: WHITE, MARY N
Address: 621 JACANA CR
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete
Name: HISLE, GUY
Address: 430 WIDGEON PT.
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: TARDY, MARTHA
Address: 651 JACANA CIR.
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HOFFENBERG, LUCIA
Address: 300 BALD EAGLE DR
City-St-Zip: NAPLES, FL 34105

Title: PD (X) Change ( ) Addition
Name: TARDY, MARTHA
Address: 651 JACANA CIR.
City-St-Zip: NAPLES, FL 34105

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: CHARLES ALLEN M 03/18/2009

Electronic Signature of Signing Officer or Director — Date