


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

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

DOCUMENT # 732782 1. Entity Name NAPLES BATH AND TENNIS CLUB, UNIT D, INC.	
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Principal Place of Business 3050 N. HORSESHOE DR., #172 NAPLES, FL 34104 US	Mailing Address 3050 N. HORSESHOE DR., #172 STE 215 NAPLES, FL 34104 US
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01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1651700	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEVINE, DANIEL
117B BOBOLINK WAY
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 _____

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN00000216524
02/05/05-80052-017 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVINE, DANIEL 117B BOBOLINK WAY NAPLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT WHITE, MARY N 621 JACANA CIRCLE NAPLES, FL 34105
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVINE, HELEN 117B BOBLINK NAPLES, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Don Devine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/05
Date

239 403 4006
Daytime Phone #