

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 732782**

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



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**



01252006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1651700**

Applied For  
Not Applicable

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

110000466024  
03/22/06-SUU59-007 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
DEVINE, DANIEL  
117B BOBOLINK WAY  
NAPLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VDT  
WHITE, MARY N  
621 JACANA CIRCLE  
NAPLES, FL 34105**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DEVINE, HELEN  
117B BOBOLINK  
NAPLES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dan Devine Pres*

*3/2/06*

Date

*239 403 4006*

Daytime Phone #