

**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**



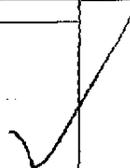
01252006 No Chg-NP CR2E037 (11/05)

**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**



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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

TITLE: SD  
 NAME: DEVINE, HELEN  
 STREET ADDRESS: 117B BOBLINK  
 CITY-ST-ZIP: 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: Dan Devine Pres Date: 3/2/06 Daytime Phone #: 239 403 4006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR