2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 732782

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

3050 N. HORSESHOE DR., #172
STE 215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-1651700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, MARY N
621 JACANA CIRCLE
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: TDS ( ) Delete
Name: WHITE, MARY N
Address: 621 JACANA CIRCLE
City-St-Zip: NAPLES, FL 34105

Title: VPD ( ) Delete
Name: DEVINE, HELEN
Address: 117B BOBLINK
City-St-Zip: NAPLES, FL

Title: PD ( ) Delete
Name: SANDERS, KEN
Address: 117 A BOB LINK
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: MCCOY, MARY
Address: 103-A BOBOLINK WAY
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: GIBSON, BRENDA
Address: 102-B BOBOLINK WAY
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: MARY NELSON WHITE TDS 03/18/2009

Electronic Signature of Signing Officer or Director — Date