

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

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90009 006 ****61.25

DOCUMENT # 732783

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



Principal Place of Business
**3050 N. HORSESHOE DR, #712
NAPLES, FL 34104 US**

Mailing Address
**3050 N. HORSESHOE DR, #712
NAPLES, FL 34104 US**

40015186



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1886501	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DILBONE, ANNE
1940 A BALD EAGLE DRIVE
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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DILBONE, ANNE 1940 A BALD EAGLE DR NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMBRON, JOHN 1930 A BALD EAGLE DRIVE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRESSLY, ALBERT 1900 A BALD EAGLE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIEDE, DAVE 1920 B BALD EAGLE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TD HILL, ROGER 20 B BOB OLINK CIR NAPLES, FL 34105
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne Dilbone

1/20/05

Date

239 403 4006

Daytime Phone #