

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732783

FILED
Mar 18, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1886501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILBONE, ANNE
1940 A BALD EAGLE DRIVE
NAPLES, FL 34105 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: PD () Delete
Name: DILBONE, ANNE
Address: 1940 A BALD EAGLE DR
City-St-Zip: NAPLES, FL 34105

Title: SD () Delete
Name: PRESSLY, ALBERT
Address: 1900 A BALD EAGLE
City-St-Zip: NAPLES, FL 34105

Title: VD () Delete
Name: SIEDE, DAVE
Address: 1920 B BALD EAGLE
City-St-Zip: NAPLES, FL 34105

Title: TD () Delete
Name: HILL, ROGER
Address: 20 B BOB OLINK CIR
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: SNYDER, JIM
Address: 3-A BOBOLINK CT
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: PRESSLY, ALBERT
Address: 1900 A BALD EAGLE
City-St-Zip: NAPLES, FL 34105

Title: D (X) Change () Addition
Name: SIEDE, DAVE
Address: 1920 B BALD EAGLE
City-St-Zip: NAPLES, FL 34105

Title: TSD (X) Change () Addition
Name: HILL, ROGER
Address: 20 B BOB OLINK CIR
City-St-Zip: NAPLES, FL 34105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANN DILBONE

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date