FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732784** **(4)**

1. Corporation Name

NAPLES BATH AND TENNIS CLUB, UNIT F, INC.

Principal Place of Business	Mailing Address
2590 GOLDEN GATE PKWY. SUITE 108 NAPLES FL 33942-3261 US	2590 GOLDEN GATE PKWY. SUITE 108 NAPLES FL 33942-3261 US

3. Date Incorporated or Qualified: **05/19/1975**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-1701498** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MINDEL, GERALD
423 MEADOWLARK LANE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: Stuart Dubow
82 Street Address (P.O. Box Number is Not Acceptable): 420 Meadowlark Lane
83
84 City: Naples **FL** 85 Zip Code: 33942

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	11 TITLE	P/D	☒ Change ☐ Addition
NAME	MINDEL, GERALD		12 NAME	Stuart Dubow	
STREET ADDRESS	423A MEADOWLARK LANE		13 STREET ADDRESS	420 Meadowlark Lane	
CITY-ST-ZIP	NAPLES FL		14 CITY-ST-ZIP	Naples FL 33942	
TITLE	D	☒ DELETE	21 TITLE	V/D	☒ Change ☐ Addition
NAME	YOST, MARY ANN		22 NAME	Grant Yost	
STREET ADDRESS	416 MEADOWLARK LANE		23 STREET ADDRESS	416 Meadowlark Lane	
CITY-ST-ZIP	NAPLES FL		24 CITY-ST-ZIP	Naples FL 33942	
TITLE	VD	☒ DELETE	31 TITLE	T/D	☒ Change ☐ Addition
NAME	CURTIS, JOYCE		32 NAME	William Booker	
STREET ADDRESS	421B MEADOWLARK LANE		33 STREET ADDRESS	419 Meadowlark Lane	
CITY-ST-ZIP	NAPLES FL		34 CITY-ST-ZIP	Naples FL 33942	
TITLE	SD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	MCCREE, JEANNIE		42 NAME		
STREET ADDRESS	410 A MEADOWLARK LANE		43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		44 CITY-ST-ZIP		
TITLE	D	☒ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	WILSON, FRED II		52 NAME		
STREET ADDRESS	1810C BALD EAGLE DR.		53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)