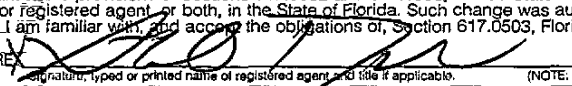
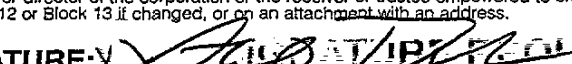


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 2590 GOLDEN GATE PKWY. SUITE 108 NAPLES FL 34105 US			Mailing Address 2590 GOLDEN GATE PKWY. SUITE 108 NAPLES FL 34105 US		
2. Principal Place of Business 21 2640 Golden Gate Pkwy Suite, Apt. #, etc. 22 Ste # 114 City & State 23 Naples, FL Zip 24 34105 Country 25 U.S.		2a. Mailing Address 26 2640 Golden Gate Pkwy Suite, Apt. #, etc. 27 Ste # 114 City & State 28 Naples, FL Zip 29 34105 Country 30 U.S.		3. Date Incorporated or Qualified 05/19/1975 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		7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No					
9. Name and Address of Current Registered Agent DUBOW, STUART 420 MEADOWLARK NAPLES FL 33942			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 617.0503, Florida Statutes. SIGNATURE:  Stuart Dubow-President 1/15/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUBOW, STUART 420 MEADOWLARK LANE NAPLES FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOST, GRANT 416 MEADOWLARK LANE NAPLES FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD Grant Yost 416 meadowlark Naples, FL 34105 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILLESPIE, JACKIE 421A MEADOWLARK NAPLES FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Jackie Gillespie 421A meadowlark Naples, FL 34105 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCREE, JEANNIE 410 A MEADOWLARK LANE NAPLES FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VD Jeannie McCree 410A meadowlark Naples FL 34105 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	
14. 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 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:  Stuart Dubow SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 04/14/98					

CR2E037 (10/97)