## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) -

## FILED Mar 12, 2004 08:00 AM Secretary of State **DOCUMENT # 732784** 61.25 NAPLES BATH AND TENNIS CLUB, UNIT F. INC. Principal Place of Business Mailing Address 3050 N. HORSESHOE DR. 3050 N. HORSESHOE DR. NAPLES FL 34104 US NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 31-1030029 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRIEB, MARY Street Address (P.O. Box Number is Not Acceptable) 417 MÉADOWLARK LANE NAPLES FL 34105 City Zip Code 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, lyped or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Delete Addition Change MCCREE, JEANNIE NAME NAME 410 A MEADOWLARK LANE STREET ADDRESS STREET ADDRESS U00000086856 NAPLES FL 34105 CITY-ST-ZIP CITY-ST-7/P 113/12/04-80040-004 61 THEF ☐ Delete TITLE ☐ Addition GRIEB, MARY NAME NAME 417 MEADOWLARK LANE STREET ADDRESS STREET ADDRESS. NAPLES FL 34105 CITY ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition BOOKER, WILLIAM NAME NAME 419 MEADOWLARK LN. STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CUTY-SI-ZIP MILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE RECEIVED ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS MAR 0 3 2004 CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - SY-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

2/27/04 239 403 406
Dayline Phone #

REVENUE

DBPR

Change

Addition