

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 732784 1. Entity Name NAPLES BATH AND TENNIS CLUB, UNIT F, INC.	
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Principal Place of Business 3050 N. HORSESHOE DR. #172 NAPLES, FL 34104 US	Mailing Address 3050 N. HORSESHOE DR. #172 NAPLES, FL 34104 US
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01102005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 31-1030029	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIEB, MARY 417 MEADOWLARK LANE NAPLES, FL 34105

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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 _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000215558 02/05/05-80013-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCREE, JEANNIE 410 A MEADOWLARK LANE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIEB, MARY 417 MEADOWLARK LANE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOOKER, WILLIAM 419 MEADOWLARK LN. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Mary Grieb</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>1/20/05</u> Date	<u>239 403 4006</u> Daytime Phone #
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