

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 732784

1. Entity Name
NAPLES BATH AND TENNIS CLUB, UNIT F, INC.



Principal Place of Business
**3050 N. HORSESHOE DR.
#172
NAPLES, FL 34104 US**

Mailing Address
**3050 N. HORSESHOE DR.
#172
NAPLES, FL 34104 US**



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
31-1030029

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRIEB, MARY
417 MEADOWLARK LANE
NAPLES, FL 34105**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1000000423339
02/18/06-80003-022 61.25**

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

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Mary Grieb, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

Daytime Phone #

239 403 4006