2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 732784

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

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

01192007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
31-1030029
☐ Applied For
☐ Not Applicable

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

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 Mary Grieb MARY GRIEB 1/19/07
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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MCCREE, JEANNIE
STREET ADDRESS	410 A MEADOWLARK LANE
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	PD
NAME	GRIEB, MARY
STREET ADDRESS	417 MEADOWLARK LANE
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	STD
NAME	BOOKER, WILLIAM
STREET ADDRESS	419 MEADOWLARK LN.
CITY-ST-ZIP	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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03/01/07-80052-010 61.25

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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 1/19/07 239 403 4006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #