

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732784

FILED  
Mar 18, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 31-1030029

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRIEB, MARY  
417 MEADOWLARK LANE  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCCREE, JEANNIE  
Address: 410 A MEADOWLARK LANE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: GRIEB, MARY  
Address: 417 MEADOWLARK LANE  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: BOOKER, WILLIAM  
Address: 419 MEADOWLARK LN.  
City-St-Zip: NAPLES, FL 34105

Title: VPD ( ) Delete  
Name: AUSTIN, ROSE  
Address: 415 MEADOW LARK  
City-St-Zip: NAPLES, FL 34105

Title: SD ( ) Delete  
Name: DEAN, PHILLIP  
Address: 412 MEADOW LARK  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY GRIEB

D

03/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date