

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90169 018 ****61.25

DOCUMENT # 732785

1. Entity Name
NAPLES BATH AND TENNIS CLUB, UNIT G, 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**

40048285



01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1057456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REILLY, BART
1760 B. BALD EAGLE DR.
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, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REILLY, BART
STREET ADDRESS	1760B BALD EAGLE DR
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	SD
NAME	CHIONIS, BEA
STREET ADDRESS	1742 B BALD EAGLE DR
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D
NAME	BAEN, JACK
STREET ADDRESS	1730 B BALD EAGLE DR
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	VD
NAME	MORAN, DON
STREET ADDRESS	1778 A BALD EAGLE DR.
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	SCHEMA, VIRGINIA
NAME	1788 A BALD EAGLE DR.
STREET ADDRESS	NAPLES, FL 34105
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 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:

Bart Reilly

1/20/05

239 403 4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #