


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90022 005 ****61.25

DOCUMENT # 732786 1. Entity Name NAPLES BATH AND TENNIS CLUB, UNIT H, 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		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number 58-1577617	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GATELY, MARY 1660 B SPOONBILL LN NAPLES, FL 34105				7. Name and Address of New Registered Agent Name CHARLES ALLEN Street Address (P.O. Box Number is Not Acceptable) 3050 N. HORSESHOE DR # 172 City Naples FL 34104	
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 <u><i>Charles Allen</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 2/4/08					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP/D <input type="checkbox"/> Delete JACOBS, MEL 1637 B SPOONBILL LN. NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete COPPENS, BOB 1600A SPOONBILL LANE NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Delete DEAN, DON 1601 C SPOONBILL LN NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GATELY, MARY 1660 B SPOONBILL LN NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	so P/D <input type="checkbox"/> Delete BALSER, MIKE 1608 B SPOONBILL LANE NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL ELGEE 1661-B SPOONBILL LN. NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVE STEWART 1668 B SPOONBILL LN. NAPLES, FL 34105				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Charles Allen</i></u> 2/4/08 239 463 4006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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