

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-07-2008 90022 049 ****61.25

DOCUMENT # 732788

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



Principal Place of Business
3050 HORSESHOE DRIVE S
SUITE #172
NAPLES, FL 34104 US

Mailing Address
3050 HORSESHOE DRIVE S
SUITE #172
NAPLES, FL 34104 US

40019826



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012008 Chg-NP CR2E037 (12/06)

4. FEI Number
31-1057495

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, CHARLES
3050 N.HORSESHOE DR #172
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BRUGGEMEYER, AL
STREET ADDRESS 1370 BALD EAGLE DR
CITY-ST-ZIP NAPLES, FL 34105

TITLE SD ☐ Delete
NAME NANCY FURSTNER
STREET ADDRESS 1330 BALD EAGLE DR
CITY-ST-ZIP NAPLES, FL 34105

TITLE D ☐ Delete
NAME HILL, BRITNEY
STREET ADDRESS 1500 BALD EAGLE DR
CITY-ST-ZIP NAPLES, FL 34105

TITLE VPT ☐ Delete
NAME WOLF, DON
STREET ADDRESS 1350 BALD EAGLE DR
CITY-ST-ZIP NAPLES, FL 34105

TITLE D ☒ Delete
NAME MCKEAN, PAUL
STREET ADDRESS 1290-A GOLD FINCH WY
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DAVID SIEDE
STREET ADDRESS 611 JACANA CIRCLE
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charles Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/08

239-403-4006