

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90140 043 ****61.25

UBR0001

DOCUMENT # 743168

1. Entity Name
BEACHCOMBER CLUB, INC.



Principal Place of Business Mailing Address

**3838 TAMiami TRAIL NORTH
STE. 402
NAPLES FL 34103**

**3838 TAMiami TRAIL NORTH
STE. 402
NAPLES FL 34103**

2. Principal Place of Business 3. Mailing Address

2640 Golden Gate Pkwy. **2640 Golden Gate Pkwy.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 115 **Suite 115**

City & State City & State

Naples, Florida **Naples, Florida**

Zip Country Zip Country

34105 **USA** **34105** **USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS
3838 TAMiami TRAIL NORTH
STE. 402
NAPLES FL 34103

4. FEI Number **59-1498343** Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2640 Golden Gate Parkway

Suite 115

City State Zip Code

Naples **FL** **34105**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	DPT	<input type="checkbox"/> Delete
NAME	KEPLEY, RICHARD B	
STREET ADDRESS	1170 THIRD STREET S., STE. C206	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	CONROY, J. THOMAS III	
STREET ADDRESS	3838 TAMiami TRAIL NORTH, STE. 402	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DV	<input type="checkbox"/> Delete
NAME	NASHMAN, JAMES A	
STREET ADDRESS	24840 BURNT PINE DR., STE. 2	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2640 Golden Gate Parkway, Ste. 115	
CITY-ST-ZIP	Naples, Florida 34105	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	26811 S. Bay Drive, Ste. 350	
CITY-ST-ZIP	Bonita Springs, FL. 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: SIGNATURE REQUIRED 4/21/03

CR2E037 (10/02)