FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 21 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770426 (5)

1. Corporation Name
NAPLES HIDEAWAY CLUB, INC.

Principal Place of Business	Mailing Address
1055 ROSEMARY CT. NAPLES FL 33940-5314	1055 ROSEMARY CT. NAPLES FL 33940-5314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/1983
3a. Date of Last Report: 03/16/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

ANGIOLILLO, VINCE
1211 ROSEMARY CT C106. C-205
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) 1211 Rosemary Ct. C-205
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	D. Treasurer	☑ Change ☐ Addition
NAME	NURSE, DONALD	1.2 NAME	Nurse, Donald	
STREET ADDRESS	1211 ROSEMARY CT #C202	1.3 STREET ADDRESS	1211 Rosemary Ct. C-203	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33940	
TITLE	VD	2.1 TITLE		☑ Change ☐ Addition
NAME	HACKETT, JAMES	2.2 NAME	(DELETE) JAMES HACKETT	
STREET ADDRESS	1101 ROSEMARY CT, A-108	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	Wojtosik Ted. Dir	☑ Change ☐ Addition
NAME	WOJTOSIK, TED	3.2 NAME		
STREET ADDRESS	1101 ROSEMARY CT, A-104	3.3 STREET ADDRESS	1101 Rosemary ct. Apt A104	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples FL 33940	
TITLE	PD	4.1 TITLE	D. President	☑ Change ☐ Addition
NAME	ANGIOLILLO, VINCE	4.2 NAME	Angiolillo, Vincent	
STREET ADDRESS	1211 ROSEMARY CT C-105	4.3 STREET ADDRESS	1211 Rosemary Ct. C-205	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	Naples FL. 33940	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vincent D Angiolillo 1/20/95 574-8600
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

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