

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 770426 (5)**

1. Corporation Name

**NAPLES HIDEAWAY CLUB, INC.**

Principal Place of Business

**1055 ROSEMARY CT.  
NAPLES FL 33940-5314**

Mailing Address

**1055 ROSEMARY CT.  
NAPLES FL 33940-5314**



3. Date Incorporated or Qualified

**09/26/1983**

3a. Date of Last Report

**04/21/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

**JOHN McCRAW**

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

**1155 ROSEMARY CT. B-106**

83

84 City

**NAPLES**

FL

85 Zip Code

**33940**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

**JOHN T. McCRAW (PRESIDENT)**

**3/17/96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**TD**

☐ DELETE

NAME

**NURSE, DONALD**

STREET ADDRESS

**1211 ROSEMARY CT C-203**

CITY-ST-ZIP

**NAPLES FL**

TITLE

**D**

☒ DELETE

NAME

**WOJTOSIK, TED**

STREET ADDRESS

**1101 ROSEMARY CT, A-104**

CITY-ST-ZIP

**NAPLES FL**

TITLE

**PD**

☐ DELETE

NAME

**ANGIOLILLO, VINCE**

STREET ADDRESS

**1211 ROSEMARY CT. C-203**

CITY-ST-ZIP

**NAPLES FL**

TITLE

**NAME**

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME**

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME**

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

**NAME**

☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**TD**

☒ Change

☐ Addition

1.2 NAME

**Donald Nurse #334  
5960 Pelican Bay Blvd.  
Naples, FL 33963**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

**Director  
Vincent Angiolillo  
1211 Rosemary Ct. C-203  
Naples, FL. 33940**

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

**PD  
John McCaw  
1155 Rosemary Ct. B101  
Naples, FL. 33940**

☐ Change

☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

**D  
Louise Kitze  
1155 Rosemay Ct. B106  
Naples, FL. 33940**

☐ Change

☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

**D  
Janice Kroll  
1155 Rosemary Ct. B207  
Naples, FL. 33940**

☐ Change

☒ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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: **X**

**JOHN T. McCRAW**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-17-96 49-7587**

CR2E037 (12/95)