2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# 770426

Entity Name: NAPLES HIDEAWAY CLUB, INC.

Current Principal Place of Business:

PO BOX 110339
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 110339
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-3400374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NURSE, DONALD
5960 PELICAN BAY BLVD. #334
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

KUETER, BEVERLY
PO BOX 110339
NAPLES, FL 34108 US

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.

SIGNATURE: BEVERLY KUETER 04/19/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: NURSE, DONALD,
Address: 1211 ROSEMARY CT, STE 202
City-St-Zip: NAPLES, FL

Title: DST ( ) Delete
Name: ERB, DONNA
Address: 1155 ROSEMARY CT #104
City-St-Zip: NAPLES, FL

Title: DP ( ) Delete
Name: DIGIACOMO, WAYNE
Address: 1155 ROSEMARY CT #206
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE DIGIACOMO DP 04/19/2004
Electronic Signature of Signing Officer or Director Date