

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770426

FILED
Apr 26, 2005
Secretary of State

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: 59-2400374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
PO BOX 110339
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

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: DP (X) Change () Addition
Name: KENDALL, DEBORAH
Address: 1155 ROSEMARY CT. #201
City-St-Zip: NAPLES, FL 34103

Title: DVP (X) Change () Addition
Name: ERB, DONNA
Address: 1155 ROSEMARY CT #104
City-St-Zip: NAPLES, FL 34103

Title: DST (X) Change () Addition
Name: WILLIAMS, SHARILYN
Address: 1101 ROSEMARY CT #101
City-St-Zip: NAPLES, FL 34103

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: DEBORAH KENDALL

D/P

04/26/2005

Electronic Signature of Signing Officer or Director

Date