


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90023 031 ****61.25

DOCUMENT # 770426 1. Entity Name NAPLES HIDEAWAY CLUB, INC.					
Principal Place of Business PO BOX 110339 NAPLES, FL 34108 US			Mailing Address PO BOX 110339 NAPLES, FL 34108 US		
2. Principal Place of Business Rosemary Court		3. Mailing Address c/o meldon Consultants			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 4949 Tamiami Trail N. #201			
City & State Naples, FL		City & State Naples FL			
Zip 34103		Country USA		Zip 34103-3017	
Country USA		Country USA			
6. Name and Address of Current Registered Agent KUETER, BEVERLY PO BOX 110339 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name William S. Moore Street Address (P.O. Box Number is Not Acceptable) c/o meldon Consultants 4949 Tamiami Trail North, Ste # 201 City Naples FL 34103-3017		
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 William S. Moore William S. Moore Manager/Accountant 2/17/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KENDALL, DEBORAH <input type="checkbox"/> Delete 1155 ROSEMARY CT. #201 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ERB, DONNA <input type="checkbox"/> Delete 1155 ROSEMARY CT #104 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILLIAMS, SHARILYN <input type="checkbox"/> Delete 1101 ROSEMARY CT #101 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Deborah Kendall Deborah Kendall, Pres. 2/17/06 239-370-8548 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					