

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90419 004 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3400374**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	NURSE, DONALD	1211 ROSEMARY CT, STE 202	NAPLES FL	<input type="checkbox"/>
DP	THOMAS, PEGGY	1155 ROSEMARY COURT #B102	NAPLES FL 34103	<input checked="" type="checkbox"/>
DVP	FRENCEL, RALPH	1155 ROSEMARY CT, STE 203	NAPLES FL	<input checked="" type="checkbox"/>
DS	TROTTE, MELONY	1155 ROSEMARY CT, STE 104	NAPLES FL	<input checked="" type="checkbox"/>
D	KNIOLA, DENESE	1155 ROSEMARY CT, STE 106	NAPLES FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D, VP	NURSE, DONALD	1211 ROSEMARY CT, STE 202	NAPLES FL	<input type="checkbox"/>
D, P	THOMAS, PEGGY	1155 ROSEMARY COURT #B102	NAPLES FL 34103	<input checked="" type="checkbox"/>
D, S, T	FRENCEL, RALPH	1155 ROSEMARY CT, STE 203	NAPLES FL	<input checked="" type="checkbox"/>
DS	TROTTE, MELONY	1155 ROSEMARY CT, STE 104	NAPLES FL	<input checked="" type="checkbox"/>
D	KNIOLA, DENESE	1155 ROSEMARY CT, STE 106	NAPLES FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Wayne DiGiacomo
WAYNE DIGIACOMO

4/16/03

239-263-7403

CR2E037 (10/02)