

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90072 031 ***150.00

DOCUMENT # L42191 (1) 614
1. Corporation Name

Marina Bay Club of Naples, Inc.

Principal Place of Business Mailing Address
28000 Spanish Wells Blvd. 28000 Spanish Wells Blvd.
Bonita Springs, FL 34135 Bonita Springs, FL 34135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/08/90

4. FEI Number 36-3716585
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
1 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
2 City & State 27 City & State
3 Zip Country 28 Zip Country
4 25 29 30

9. Name and Address of Current Registered Agent
Johnson, Kenneth
3174 E. Tamiami Trail
Naples, FL 33942

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME McArdle, David, A.
STREET ADDRESS 1600 E. Main Street, Ste. B
CITY-ST-ZIP St. Charles, IL 60174
TITLE SD ☐ DELETE
NAME Kelly, Thomas, J.
STREET ADDRESS P.O. Box 64
CITY-ST-ZIP St. Charles, IL 60174
TITLE V ☐ DELETE
NAME Kepley, Richard
STREET ADDRESS 28000 Spanish Wells Boulevard
CITY-ST-ZIP Bonita Springs, FL 34135
TITLE AS ☐ DELETE
NAME Crawford, J. Stephen
STREET ADDRESS 5117 Castello, Ste. 2
CITY-ST-ZIP Naples, FL 34103
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Secretary (2/10/99) (630) 584-6580

CR2E034 (10/97)