

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90003 015 ***550.00

DOCUMENT # L75436

1. Entity Name

BACK NINE OF NAPLES, INC.



Principal Place of Business

C/O MARY D OBRIEN
140 SOUTH GOLF DRIVE
NAPLES, FL 33940-5349

Mailing Address

C/O MARY D OBRIEN
140 SOUTH GOLF DRIVE
NAPLES, FL 33940-5349



03202003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
O'BRIEN, DANIEL P.
140 SOUTH GOLF DRIVE
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
O'BRIEN, MARY D.
140 SOUTH GOLF DRIVE
NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
O'BRIEN, PETER J
1541 N WELLS
CHICAGO, IL 60610

~~TITLE~~
~~NAME~~
~~STREET ADDRESS~~
~~CITY-ST-ZIP~~
~~VD~~
~~STUMPF, KATHLEEN~~
~~1520 NORTH WELLS~~
~~CHICAGO, IL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #