2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005
Secretary of State

DOCUMENT# N00000000713

Entity Name: THE EXPLORERS CLUB OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

703 NATHAN HALE DR
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

703 NATHAN HALE DR
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-3692593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICI, JAMES R
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 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: PD ( ) Delete
Name: SEGUR, DONALD
Address: 703 NATHAN HALE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: TD ( ) Delete
Name: WILIAMS, EDWIN M
Address: 587 SERENDIPITY DRIVE
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete
Name: WARR, MAXIE E
Address: 585 VIA VENETO #102
City-St-Zip: NAPLES, FL 34108

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD ( ) Change (X) Addition
Name: BASS, GARY W
Address: 5845 PARADISE CIRCLE #15
City-St-Zip: NAPLES, FL 34110

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: DONALD L. SEGUR P 03/14/2005

Electronic Signature of Signing Officer or Director — Date