

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2006 08:00 A
Secretary of State

DOCUMENT # N01000007490

1. Entity Name
NAPLES BASEBALL CLUB, INC.



Principal Place of Business
**4890 PALMETTO WOODS DRIVE
NAPLES, FL 34119 US**

Mailing Address
**4890 PALMETTO WOODS DRIVE
NAPLES, FL 34119 US**



07272006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3752731	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TURNER, RICK
4890 PALMETTO DRIVE
NAPLES, FL 34101-9**

**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 _____

**Filing Fee Is \$61.25
Due by September 6, 2006**

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	P TURNER, RICK 4890 PALMETTO WOODS DRIVE NAPLES, FL 34119
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATTON, DOUG 1135 HOLIDAY LANE NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZECH, BRIAN 4412 LORRAINE AVENUE NAPLES, FL 34104
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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08/03/06-80004-002 70.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS R. PATTON

7/29/06

Date

239-293-1829

Daytime Phone #