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Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02618** (9)

1. Corporation Name

**INTOWN CLUB ASSOCIATION, INC.**

Principal Place of Business

**1251 SEVENTH AVE. N.  
NAPLES FL 33940**

Mailing Address

**1251 SEVENTH AVE. N.  
NAPLES FL 33940**



3. Date Incorporated or Qualified

**04/18/1984**

4. FEI Number

**59-2435105**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONSCEIN, FRED L.  
1251 7TH AVE. N. #311  
NAPLES FL 33940**

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE  
NAME **DP MONSCEIN, FRED**  
STREET ADDRESS **1297 7TH AVE. N. #105**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ DELETE  
NAME **VD MORGAN, WILLIAM**  
STREET ADDRESS **1251 7TH AVE N 304**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE  
NAME **D CRISCIONE, JOHN**  
STREET ADDRESS **504 DAVIS RD.**  
CITY-ST-ZIP **FAIRFIELD CT**

TITLE ☐ DELETE  
NAME **T MULLIN, LINDA**  
STREET ADDRESS **1275 7TH AVE. N. #204**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE  
NAME **S MONSCEIN, SARA**  
STREET ADDRESS **1297 7TH AVE. N., #105**  
CITY-ST-ZIP **NAPLES FL**

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

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **D BILL CLARY**  
2.3 STREET ADDRESS **447 SADDLEBROOK CIR.**  
2.4 CITY-ST-ZIP **CHLOSTER SPRINGS PA 19425**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

SIGNATURE:

*Fred Monschein*

3-20-98

941-434-5415

CR2E037 (10/97)