


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90029 025 ****61.25

DOCUMENT # N04000001080 1. Entity Name NAPLES LAKES LADIES NINE HOLE GOLF ASSOCIATION, INC.					
Principal Place of Business 4784 INVERNESS CLUB DRIVE NAPLES, FL 34112			Mailing Address 4784 INVERNESS CLUB DRIVE NAPLES, FL 34112		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-2042668	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WHALEN, ANN 5044 CERROMAR DR NAPLES, FL 34112				7. Name and Address of New Registered Agent Name MOLITOR, LINDA L. Street Address (P.O. Box Number is Not Acceptable) 4995 CERROMAR DRIVE City NAPLES FL Zip Code 34112	
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 <i>Linda L. Molitor</i> 1-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHALEN, ANN 5044 CERROMAR DR NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLITOR, LINDA L. 4995 CERROMAR DRIVE NAPLES, FL 34112
V HAMILTON, VALERY 4959 SHAKER HEIGHTS CT, # 201 NAPLES, FL 34112		<input type="checkbox"/> Delete		V COUZENS, SUSAN 5036 CASTLEROCK WAY NAPLES, FL 34112	
T DEMARCO, CAROLYN 5068 CERROMAR DR NAPLES, FL 34112		<input type="checkbox"/> Delete		T ZATAC, CYNTHIA A. 4800 SHINNEDOCK HILL CT. NAPLES, FL 34112 UNIT 101	
S BURATTI, JOANNE 5027 CERROMAR DR NAPLES, FL 34112		<input type="checkbox"/> Delete		S GALE, GERALDINE 4655 WINGED FOOT CT. NAPLES, FL 34112	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>Linda L. Molitor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-29-08 239-774-3228 <small>Date Daytime Phone #</small>		