

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008193

FILED
Apr 24, 2009
Secretary of State

Entity Name: NAPLES SKI CLUB, INC.

Current Principal Place of Business:

450 BAYFRONT PLACE
4303
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

450 BAYFRONT PLACE
4303
NAPLES, FL 34102

New Mailing Address:

FEI Number: 56-2624489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELUCA, TERESE
450 BAYFRONT PLACE
4303
NAPLES, FL 34102 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: PRES () Delete
Name: VAN BUREN, TONYA
Address: 2048 IMPERIAL CIRCLE
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: KOVACIK, MERLINE
Address: 24830 PENNYROYAL
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SECR (X) Delete
Name: GLADISH, MARILYN
Address: 15239 CAPLE SABLE LANE
City-St-Zip: FORT MYERS, FL 33908

Title: TREA () Delete
Name: DELUCA, TERESE
Address: 450 BAYFRONT PLACE #4303
City-St-Zip: NAPLES, FL 34012

Title: MEMB (X) Delete
Name: MEAD, PAT
Address: 11855 QUAIL VILLAGE WAY
City-St-Zip: NAPLES, FL 34119

Title: SOCI (X) Delete
Name: WILSON, SANDY
Address: 892 7TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WILSON, SANDRA
Address: 929 8TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TERESE E DELUCA

TREA

04/24/2009

Electronic Signature of Signing Officer or Director

Date