2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011122

Entity Name: BRIDGE DECK CLUB OF NAPLES, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4915 RATTLESNAKE HAMMOCK ROAD #287 NAPLES, FL 34113 **New Mailing Address: Current Mailing Address:** 4915 RATTLESNAKE HAMMOCK ROAD NAPLES, FL 34113 US FEI Number: 26-3850414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **CLASP INC** 3001 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARTER, BETTY Name: Name: 4915 RATTLESNAKE HAMMOCK ROAD #287 Address: Address: City-St-Zip: NAPLES, FL 34113 US City-St-Zip: Title: Title: () Delete () Change () Addition GARRETT, JANE Name: Name: Address: 4915 RATTLESNAKE HAMMOCK ROAD #287 Address: City-St-Zip: NAPLES, FL 34113 US City-St-Zip: Title: () Delete Title: (X) Change () Addition POSNER, JEFF Name: GOODRICH, WAYNE Name: 4915 RATTLESNAKE HAMMOCK ROAD #287 4915 RATTLESNAKE HAMMOCK ROAD #287 Address: Address: City-St-Zip: NAPLES, FL 34113 US City-St-Zip: NAPLES, FL 34113 US () Change (X) Addition Title: () Delete Title: Name: Name: ARMSTRONG, GLENDA Address: Address: 4915 RATTLESNAKE HAMMOCK ROAD #287 City-St-Zip: City-St-Zip: NAPLES, FL 34113 US Title: () Delete Title: () Change (X) Addition MULLEN, MARY R Name: Name: 4915 RATTLESNAKE HAMMOCK ROAD #287 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34113 US Title: () Delete Title: () Change (X) Addition BERNSTEIN, GEORGE Name: Name: Address: Address: 4915 RATTLESNAKE HAMMOCK ROAD #287 NAPLES, FL 34113 US City-St-Zip: 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: WAYNE GOODRICH P 04/28/2009