2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

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Entity Name: BRIDGE DECK CLUB OF NAPLES, INC.

Current Principal Place of Business:

4915 RATTLESNAKE HAMMOCK ROAD
#287
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

4915 RATTLESNAKE HAMMOCK ROAD
#287
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 26-3850414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLASP INC
3001 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES, FL 34103 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: D
Name: BARTER, BETTY
Address: 4915 RATTLESNAKE HAMMOCK ROAD #287
City-St-Zip: NAPLES, FL 34113 US

Title: D
Name: GARRETT, JANE
Address: 4915 RATTLESNAKE HAMMOCK ROAD #287
City-St-Zip: NAPLES, FL 34113 US

Title: P
Name: GOODRICH, WAYNE
Address: 4915 RATTLESNAKE HAMMOCK ROAD #287
City-St-Zip: NAPLES, FL 34113 US

Title: VP
Name: ARMSTRONG, GLENDA
Address: 4915 RATTLESNAKE HAMMOCK ROAD #287
City-St-Zip: NAPLES, FL 34113 US

Title: S
Name: MULLEN, MARY R
Address: 4915 RATTLESNAKE HAMMOCK ROAD #287
City-St-Zip: NAPLES, FL 34113 US

Title: T
Name: BERNSTEIN, GEORGE
Address: 4915 RATTLESNAKE HAMMOCK ROAD #287
City-St-Zip: NAPLES, FL 34113 US

I hereby 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 all other like empowered.

SIGNATURE: WAYNE GOODRICH P 04/29/2010

Electronic Signature of Signing Officer or Director Date