

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N12187**

**(3)**

1. Corporation Name

**THE POLO CLUB OF NAPLES, INC.**



Principal Place of Business

P.O. BOX 182  
P O BOX 182, ZIP 33939  
NAPLES FL 33939  
US

Mailing Address

P.O. BOX 182  
P O BOX 182, ZIP 33939  
NAPLES FL 33939  
US

3. Date Incorporated or Qualified  
**11/20/1985**

3a. Date of Last Report  
**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARMON, HOLLY A.**  
**600 FIFTH AVENUE SOUTH, STE 207**  
**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **MULHEARN, KEVIN**  
STREET ADDRESS **2400 FLORIDA AVE.**  
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE **P - Director (D)** ☒ Change ☐ Addition  
1.2 NAME **Czako, Debbie**  
1.3 STREET ADDRESS **2880 Citrus Lake Dr. #201**  
1.4 CITY-ST-ZIP **Naples, FL 33942**

TITLE **VP** ☐ DELETE  
NAME **ESMOND, ROB**  
STREET ADDRESS **1708 KINGS LAKE BLVD., #104**  
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE **VP - Director (D)** ☒ Change ☐ Addition  
2.2 NAME **Esmond, Rob**  
2.3 STREET ADDRESS **1381 Wildwood Lakes Blvd. #7**  
2.4 CITY-ST-ZIP **Naples, FL 33942**

TITLE **S** ☒ DELETE  
NAME **DINES, CHALISSA**  
STREET ADDRESS **501 FOREST LAKES BLVD., #302**  
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **S/T - Director (D)** ☒ Change ☐ Addition  
3.2 NAME **Casali, RoseAnn**  
3.3 STREET ADDRESS **2875 Citrus Lake Dr. #202**  
3.4 CITY-ST-ZIP **Naples, FL 33942**

TITLE **TD** ☒ DELETE  
NAME **WALTHER, RONALD J.**  
STREET ADDRESS **3777 TAMiami TRAIL, STE. 200**  
CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE **200001902682** ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS **-07/23/96--01143--011**  
6.4 CITY-ST-ZIP **\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*RoseAnn Casali*

**RoseAnn Casali**

**6-1-96**

**(941) 591-2875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)