


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90003 031 ****61.25

DOCUMENT # N20836	
1. Entity Name ERIN WOODS CLUB OF NAPLES, INC.	

Principal Place of Business 5650 WHITAKER RD # 103 NAPLES FL 34112	Mailing Address 5650 WHITAKER RD # 103 NAPLES FL 34112
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2. Principal Place of Business - No P.O. Box # 5650 Whitaker Rd # 103	3. Mailing Address 5650 Whitaker Rd # 103
Suite, Apt. #, etc. # 103	Suite, Apt. #, etc. # 103

2nd MOORE CR2E037 (4/08)

City & State Naples FL	City & State Naples FL
Zip 34112	Country USA

4. FEI Number 59-2800585	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIPIETRO, ODETTE 5650 WHITAKER RD. #103 NAPLES FL 34112	7. Name and Address of New Registered Agent Name Dennis A. Lubin Street Address (P.O. Box Number is Not Acceptable) 5650 Whitaker Rd # 202 City Naples FL Zip Code 34112
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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 **ODETTE DIPIETRO** **Odette DiPietro** **08-14-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By September 3, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, ZELDA 5650 WHITAKER RD, # 101 NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOPPING, SUSAN 5650 WHITAKER RD, # 104 NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH S. JAGODOWSKI 5650 WHITAKER RD #202 NAPLES FL <input checked="" type="checkbox"/> Delete Sole	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dennis A. Lubin <input type="checkbox"/> Change <input type="checkbox"/> Addition 5650 Whitaker Rd #202 Naples FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANLEY, PAULINE 5650 WHITAKER RD, # 102 NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIELT, SHERRY 5650 WHITAKER RD #204 NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEDEAZA, JOHN 5650 WHITAKER RD, # 104 NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Odette DiPietro** **06-01-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #