


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90098 049 ****61.25

DOCUMENT # N29806 1. Entity Name THE NEW ATTITUDES CLUB OF NAPLES, INCORPORATED					
Principal Place of Business 2740 BAYSHORE DR UNIT #14 NAPLES, FL 34112			Mailing Address 2740 BAYSHORE DR UNIT #14 NAPLES, FL 34112		
2. Principal Place of Business - No P.O. Box # 2651 DAVIS BLVD		3. Mailing Address 2651 DAVIS BLVD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 65-0089770	
Zip 34104		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SISKIN, DANIEL 4321 BEACHWOOD LAKE DRIVE NAPLES, FL 34112			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATLACK, RICHARD L. 17 SONDERHEN CIR NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALE D MARTIN 1930 34th AVENUE NE NAPLES FLA 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKES, SHANE 2647 PELTON AVE NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T. VAN ROYER 5901 Cypress Hollow Way NAPLES FLA 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SISKIN, DANIEL 4321 BEECHWOOD LAKE DR NAPLES, FL 34112	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-18-07 239-417-4223 <small>Date Daytime Phone #</small>	