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Aug 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38001** (6)

1. Corporation Name

**IRISH AMERICAN CLUB OF NAPLES, INC.**

Principal Place of Business

**1828 KINGS LAKE BLVD. #105  
NAPLES FL 34112**

Mailing Address

**1828 KINGS LAKE BLVD. #105  
NAPLES FL 34112-5367**



3. Date Incorporated or Qualified  
**05/03/1990**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number  
**65-0191945**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DONELON, THOMAS  
5051 CASTELLO DRIVE #27  
NAPLES FL 34103**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE

NAME **GLEESON, TERENCE**  
STREET ADDRESS **588 ROMA COURT**  
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VD** ☐ DELETE

NAME **DEMPSEY, JACK**  
STREET ADDRESS **7263 MILL POND CIRLCE**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **SD** ☐ DELETE

NAME **BOWERS, JOHN**  
STREET ADDRESS **5250 FOX HOLLOW DRIVE**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** ☐ DELETE

NAME **GLEASON, MARIE**  
STREET ADDRESS **4583 ASHTON CT**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **TD** ☐ DELETE

NAME **KEOGH, RICHARD**  
STREET ADDRESS **1828 KINGS LAKE BLVD**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☒ DELETE

NAME **ROWAN, EVERETT**  
STREET ADDRESS **4173 ROYAL WOOD BLVD**  
CITY-ST-ZIP **NPALES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **VD** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **SD** ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SD**  
**ENA GLEESON**  
**588 ROMA CT**  
**NAPLES, FL 34110**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)