


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 05/03/1990 4. FEI Number 65-0191945 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 83 84 City 85 Zip Code Jack Mellon & Asso. CPAS 844 Anchor Rd Naples, FL 34103		11. Pursuant to the provisions of Sections 617.0602 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: <u>Richard P. Keogh</u> <u>Richard P. Keogh</u> 4/16/98 (NOTE: Registered Agent signature required when retreating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input checked="" type="checkbox"/> DELETE NAME GLEESON, TERENCE STREET ADDRESS 586 ROMA COURT CITY-ST-ZIP NAPLES FL 34110		1.1 TITLE <u>VD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Jack McCarthy 1.3 STREET ADDRESS 149 Fox Den Cir 1.4 CITY-ST-ZIP Naples, FL 34104			
TITLE D <input checked="" type="checkbox"/> DELETE NAME DEMPSEY, JACK STREET ADDRESS 7283 MILL POND CIRLCE CITY-ST-ZIP NAPLES FL		2.1 TITLE <u>D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME John Dee 2.3 STREET ADDRESS 13124 Bald Cypress Ln. 2.4 CITY-ST-ZIP Naples, FL 34119			
TITLE <u>PD</u> <input type="checkbox"/> DELETE NAME BOWERS, JOHN STREET ADDRESS 5250 FOX HOLLOW DRIVE CITY-ST-ZIP NAPLES FL		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE <u>D</u> <input type="checkbox"/> DELETE NAME GLEASON, MARIE STREET ADDRESS 4563 ASHTON CT CITY-ST-ZIP NAPLES FL		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE TD <input type="checkbox"/> DELETE NAME KEOGH, RICHARD STREET ADDRESS 1828 KINGS LAKE BLVD CITY-ST-ZIP NAPLES FL 34112		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE SD <input checked="" type="checkbox"/> DELETE NAME GLEESON, ENA STREET ADDRESS 586 ROMA CT CITY-ST-ZIP NAPLES FL		6.1 TITLE <u>SD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Joe McCarthy 6.3 STREET ADDRESS 4532 Andover Way H-103 6.4 CITY-ST-ZIP Naples, FL 34112			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address. I 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

SIGNATURE: Richard P. Keogh Richard P. Keogh 4/16/98 941-775-3828

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