

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90212 031 \*\*\*\*61.25

**DOCUMENT # N38001**

1. Entity Name  
**IRISH AMERICAN CLUB OF NAPLES, INC.**



Principal Place of Business  
**256 BALTUSROL DRIVE  
NAPLES, FL 34113**

Mailing Address  
**PO BOX 485-34106  
NAPLES, FL 34112**

**60032894**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0191945**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARD, MICHAEL F  
256 BALTUSROL DR  
NAPLES, FL 34113**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **~~Director~~** ☐ Delete  
NAME **MICHAEL, JOYNT R**  
STREET ADDRESS **2047 HARBOUR LN**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **~~Treasurer~~** ☐ Delete  
NAME **WARD, MICHAEL F**  
STREET ADDRESS **256 BALTUSROL DR**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **~~PD~~** ☒ Delete  
NAME **BOWERS, JOHN**  
STREET ADDRESS **5250 FOX HOLLOW DRIVE**  
CITY-ST-ZIP **NAPLES, FL**

TITLE **~~President~~** ☐ Delete  
NAME **MACCHIA, LINDA**  
STREET ADDRESS **879 3RD ST S**  
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **~~VP~~** ☒ Delete  
NAME **DEE, JOHN**  
STREET ADDRESS **13124 BALD CYPRESS LANE**  
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **~~MEMBERSHIP~~** ☐ Delete  
NAME **GLEASON, MARIE**  
STREET ADDRESS **4563 ASHTON COURT**  
CITY-ST-ZIP **NAPLES, FL 34112**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **CATHERINE B GORMAN**  
STREET ADDRESS **772 PINE CREST LANE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition  
NAME **MARY ANN SHEP**  
STREET ADDRESS **1700 BARRACLOUGH WILLIAMS DR S3**  
CITY-ST-ZIP **NAPLES FLORIDA 34113**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **KEVIN J. RILEY**  
STREET ADDRESS **105 WYCLIFF DRIVE**  
CITY-ST-ZIP **NAPLES FLORIDA 34110**

TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #