

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38001

FILED  
Apr 30, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1790 IMPERIAL GOLF COURSE BLVD  
A301  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 485  
NAPLES, FL 34106

**New Mailing Address:**

**FEI Number:** 65-0191945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOWE, RICHARD H  
1790 IMPERIAL GOLF COURSE BLVD.  
A301  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: GORMAN, CATHERINE  
Address: 772 PINE CREST LANE  
City-St-Zip: NAPLES, FL 34104

Title: T ( ) Delete  
Name: HOWE, RICHARD H  
Address: 1790 IMPERIAL GOLF COURSE BLVD A301  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: SHEA, MARY ANNE  
Address: 1700 BAREFOOT WILLIAMS J3  
City-St-Zip: NAPLES, FL 34113

Title: P ( ) Delete  
Name: MACCHIA, LINDA  
Address: 1790 IMPERIAL GOLD COURSE BLVD A301  
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete  
Name: RILEY, KEVIN J  
Address: 105 WYCLIFF DR  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: JOYNT, MICHAEL  
Address: 2047 HARBOR LANE  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: VARIAN, WILLIAM  
Address: 880 23RD ST SW  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. JOYNT

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date