FILE NOW: FILING FEE IS \$61.25

Mailing Address

NAPLES FL 34116

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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1725 CR 951, SUITE 107

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

EDDLEMAN, JERRY D

NAPLES FL 34116

1725 CR 951, SUITE 107

1725 CR 951, SUITE 107

Suite, Apt. #, etc.

City & State

22

23

24

Zip

CITY-ST-ZIP

SIGNATURE:

NAPLES FL 34116



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name N96000002237 (3)

THE SERENITY CLUB OF NAPLES, INC.

Country

9. Name and Address of Current Registered Agent

25

City Zip Code 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) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TOTLE Change Addition NAME EDDELMAN, JERRY D 1.2 NAME **5825 18TH AVENUE S.W.** STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP 1.4 CITY ST - ZIP DELETE 2.1 TITLE Change Addition TITLE NAME COLLINS, RICK 2.2 NAME 828 11TH STREET S.W. STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34117 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ATON, ANNE K NAME 3.2 NAME 6007 HOLLOW DRIVE STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 4.1 TITLE PRATTE, CYNTHIA D 4. 2 NAME NAME 2570 45TH STREET S.W. 4.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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 comporation 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 injactifying address.

Country

81 Name

82

83

30

FILED Feb 16 1998 8:00am Secretary of State



Yes

Yes

This corporation owes or has paid the current year Intangible

7. Is this nonprofit corporation a homeowners association?

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□ No

Not Applicable

3. Date Incorporated or Qualified

04/22/1996

65-0669435

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Name and Address of New Registered Agent

Trust Fund Contribution

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

4. FEI Number