1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9600002237

THE SERENITY CLUB OF NAPLES, INC.

Principal Place of Business 1725 CR 951. SUITE 107 NAPLES FL 34116

Mailing Address

1725 CR 951. SUITE 107 NAPLES FL 34116

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90151 030 \*\*\*\*61.25

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2. Principal P	lace of Business	2a	. Mailing Address			<del></del>	3. Date incorporated or Qualifed			
21		26					04/22/1996			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4. FEI Number		-	Applied For
22		27					65-0669435			Not Applicable
City & Stat	6	28	City & State			1	5. Certifcate of Status Desired	□ .		Additional Required
Zip	Country	- <del> </del> -	Zip	Country			6. Election Campaign Financing		\$5.0	May Be
24	25	29	30	]			Trust Fund Contribution	Ш	Adde	to Fees
	9. Name and Address of Current	Regi	stered Agent			1	10. Name and Address of New R	egistered A	\gent	
				81	Name	9				
EDDI EMA	N, JERRY D			82	Street	t Address	(P.O. Box Number is Not Accepta	ble)		
	951, SUITE 107			"			, (1 :0: Box 14dii:50: 12 1101 1009	,		
NAPLES F				83						
IVAFELOT	L 34110			84	City		******		85 Zir	Code
								<u> </u>		
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State o m familiar with, and accept the obligati	f Flori	ida. Such change was autho	onzed by	the cord	d corpora poration's	tion submits this statement for the laborated of directors. I hereby accept	t the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE: Rec	gistered Ager	nt signature	a required wh	en reinstating)	DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PD		☑ DELETE	1.1 TITLE	D	PRICK	Collins		Change	e
NAME	EDDELMAN, JERRY D			1.2 NAME	•					
STREET ADDRESS	5625 18TH AVENUE S.W.			1.3 STREE	T ADDRESS	<sup>8</sup>   35,	8 ilthst SW			
CITY-ST-ZIP	NAPLES FL 34116			1.4 CITY-S	T-ZIP	Madi	143 FL 34117		_	
TITLE	VPD		☑ DELETE	2.1 TITLE		700	2		Change	Addition
NAME	COLLINS, RICK			2.2 NAME		Ken	n Costello Strio			
STREET ADDRESS				2.3 STREE	TADDRESS	s 173	5 CR 951 STK 10	,		
CITY-ST-ZIP	NAPLES FL 34117			2. 4 CITY-5		Ma	ples FL 34116			
TITLE	TD		DELETE	31 TITLE	/1- <u>2</u> 31	-			Change	B Addition
NAME	-ATON: ANNE-K		-	3.2 NAME		1 6.	Hhia Prate		•	
STREET ADDRESS				33STREE	T ADDRESS	s Po	BOY 99 0001			
	NAPLES FL 34112			3.4. CITY-5		,	oles FL 34114			
CITY-ST-ZIP	SD-		DELETE	4.1 TITLE	)1-ZIF		7173 1 2 23-1		Change	e Addition
NAME	PRATTE, CYNTHIA D			4. 2 NAME		50	ssell Tuff Ste 10		_ •	
	I				T ADDRESS	, PU	ste 10	7		
STREET ADDRESS	2570 45TH STREET S.W.					د ۱۲ ا	5CR 951 341114			
CITY-ST-ZIP	NAPLES FL 34116		□ DELETE	4.4 CITY-S 5.1 TITLE	I-ZIP	Mu	pro De mile		☐ Chang	e Addition
TITLE			O OLLEIL	5.1 IIILE 5.2 NAME						
NAME					TADORESS	e e				
STREET ADDRESS				5.4 CITY-S		~				
CITY-ST-ZIP			☐ DELETE	6.1 TITLE	1-21	-			☐ Chang	e
TITLE			□ Acreic	6.2 NAME						
NAME					TADODEO					
STREET ADDRESS					T ADORESS	10				
CITY, ST. 75D				6.4 CITY-S	T-ZIP	4				

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 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, with all other like empowered.

SIGNATURE:

PraHe