

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002237

FILED
Apr 22, 2004
Secretary of State**Entity Name:** THE SERENITY CLUB OF NAPLES, INC.**Current Principal Place of Business:**12435 COLLIER BLVD
107
NAPLES, FL 34116**New Principal Place of Business:****Current Mailing Address:**12435 COLLIER BLVD
107
NAPLES, FL 34116**New Mailing Address:****FEI Number:** 65-0669435 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**EDDLEMAN, JERRY D
12435 COLIER BLVD
107
NAPLES, FL 34116 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:** VPD () Delete
Name: SAUNDERS, KIRK
Address: 140 CYPRESS WAY E., #1
City-St-Zip: NAPLES, FL 34110**Title:** PD () Delete
Name: EDDLEMAN, NEIL
Address: 5625 CEDAR TREE LANE
City-St-Zip: NAPLES, FL 34116**Title:** SD () Delete
Name: JARCHOW, MELODY
Address: 220 NE 6TH ST
City-St-Zip: NAPLES, FL 34120**Title:** TD () Delete
Name: QUINN, ALYSE
Address: 2392 POINCIANA DRIVE
City-St-Zip: NAPLES, FL 34105**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VPD (X) Change () Addition
Name: GARZA, JESUS
Address: 9845 CITADEL LN #202
City-St-Zip: BONITA SPRINGS, FL 34135**Title:** DE (X) Change () Addition
Name: EDDLEMAN, NEIL
Address: 5625 CEDAR TREE LANE
City-St-Zip: NAPLES, FL 34116**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** PRE () Change (X) Addition
Name: GARZA, JOYCE L
Address: 9845 CITADEL LN #202
City-St-Zip: BONITA SPRINGS, FL 34135**Title:** DE () Change (X) Addition
Name: COLLINS, RICK
Address: 5100 19 TH AVE SW
City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALYSE QUINN

TRES

04/22/2004

Electronic Signature of Signing Officer or Director

Date