

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N96000003621

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** NAPLES CLUB ESTATES HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5515 BRYSON DRIVE - SUITE 502  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

5515 BRYSON DRIVE - SUITE 502  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MARC F. OATES, P.A.  
C/O MARC F OATES, ESQ.  
5515 BRYSON DRIVE - SUITE 502  
NAPLES, FL 34109 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: MARC F OATES, ESQ.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: MORRIS, IKE L  
Address: POST OFFICE BOX 397  
City-St-Zip: GLENVILLE, WV 26351

Title: DSVF  
Name: MONTELEONE, MARC  
Address: POST OFFICE BOX 397  
City-St-Zip: GLENVILLE, WV 26351

Title: D  
Name: FAGAN, PETER F  
Address: 9929 CLEAR LAKE CIRCLE  
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: IKE MORRIS

DPT

03/16/2011

Electronic Signature of Signing Officer or Director

Date