2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P95000078773

Entity Name: NORTH NAPLES COUNTRY CLUB, INC.

Current Principal Place of Business:

10095 TAMIAMI TRAIL N
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

807 94TH AVE N
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-0633965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COTTER, TIMOTHY J ESQ
599 9TH STREET NORTH #313
SUITE 103
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

TIMOTHY J. COTTER PA
599 9TH STREET NORTH #313
SUITE 103
NAPLES, FL 34102 US

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: TIMOTHY J. COTTER, PRESIDENT 03/02/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COMBS, MICHAEL
Address: 807 94TH AVE. N
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Delete
Name: COMBS, MICHAEL
Address: 807 94TH AVE. N
City-St-Zip: NAPLES, FL 34108

Title: T ( ) Delete
Name: COMBS, RONALD
Address: 807 94TH AVE N.
City-St-Zip: NAPLES, FL 34108

Title: V ( ) Delete
Name: COMBS, PHYLLIS
Address: 807 94TH AVE N.
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: COMBS, MICHAEL
Address: 807 94TH AVE N.
City-St-Zip: NAPLES, FL 34108

Title: S (X) Change ( ) Addition
Name: COMBS, MICHAEL
Address: 807 94TH AVE N.
City-St-Zip: NAPLES, FL 34108

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COMBS P 03/02/2009
Electronic Signature of Signing Officer or Director Date