

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715454

Entity Name: THE EXECUTIVE CLUB OF NAPLES, INC.**Current Principal Place of Business:**2675 S. HORSESHOE DR. #401
NAPLES, FL 34104**Current Mailing Address:**P.O. BOX 110339
NAPLES, FL 34108 US**FEI Number: 59-1291904****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KUETER, BEVERLY
2675 S. HORSESHOE DR. #401
NAPLES, FL 34104 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name OFENLOCH, CHARLES
Address 3300 GULFSHORE BLVD N #312
City-State-Zip: NAPLES FL 34103

Title TREASURER
Name BALVEN, TERRY
Address 3300 GULF SHORE BLVD. N #407
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name COLLINS, PHIL
Address 3300 GULF SHORE BLVD. N.
 #105
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name VOGEL, CAROL
Address 3300 GILF SHORE BLVD. N. #408
City-State-Zip: NAPLES FL 34103

Title VP
Name FAY, MARY
Address 3300 GULF SHORE BLVD, N.
City-State-Zip: NAPLES FL 34103

Title SECRETARY
Name SLACK, CAROLYN
Address 3300GULF SHORE BLVD. N.
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name NONKEN, SARA
Address 3300 GULF SHORE BLVD. N.
City-State-Zip: NAPLES FL 34103

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: CHARLES OFENLOCH**PRESIDENT****04/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date