2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732782

Entity Name: NAPLES BATH AND TENNIS CLUB, UNIT D, INC.

FILED
Mar 24, 2021
Secretary of State
3274835686CC

Current Principal Place of Business:

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S. #215 NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT 2685 HORSESHOE DR S. #215 NAPLES, FL 34104 US

FEI Number: 59-1651700 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DR S. #215 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: ROBERT ROSENOW 03/24/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title PRESIDENT

Name PUOPOLO, LOU Name SORRELS, CYNTHIA

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S. #215 2685 HORSESHOE DR S. #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title TREASURER Title SECRETARY

Name PAGLIARO, JUDY SIMONE Name NEWMAN, CLAIRE

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S. #215 2685 HORSESHOE DR S. #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR

Name DAVIS, HOWARD

Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR S. #215

City-State-Zip: NAPLES FL 34104

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: CYNTHIA SORRELS

PRESIDENT

03/24/2021