

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732784

Entity Name: NAPLES BATH AND TENNIS CLUB, UNIT F, INC.**Current Principal Place of Business:**COMPLETE PROPERTY MANAGEMENT OF SWFL
3050 NORTH HORSESHOE DR. STE. # 172
NAPLES, FL 34104**Current Mailing Address:**COMPLETE PROPERTY MANAGEMENT OF SWFL
3050 NORTH HORSESHOE DR. STE. # 172
NAPLES, FL 34104 US**FEI Number:** 31-1030029**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURGIN, LEE
COMPLETE PROPERTY MANAGEMENT OF SWFL
3050 N. HORSESHOE DR. STE. # 172
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:** LEE BURGIN

02/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MCCREE, JEANNIE
Address	3050 NORTH HORSESHOE DR STE 172
City-State-Zip:	NAPLES FL 34104

Title	SECRETARY
Name	LANDI, NANCY
Address	3050 NORTH HORSESHOE DR STE 172
City-State-Zip:	NAPLES FL 34104

Title	VP
Name	ERDMANN, BRUCE
Address	3050 NORTH HORSESHOE DR STE 172
City-State-Zip:	NAPLES FL 34104

Title	TREASURER
Name	KAUPHUSMAN, JIM
Address	3050 NORTH HORSESHOE DR STE 172
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	GRAHAM, JENNIFER
Address	3050 NORTH HORSESHOE DR STE 172
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: JEANNIE MCCREE

PRESIDENT

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date