

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N07000008873

Entity Name: CREW NAPLES - FT. MYERS, INC.

Current Principal Place of Business:

JANET DAVIS
15215 CAPE SABLE LN
FT MYERS, FL 33908

Current Mailing Address:

JANET DAVIS
15215 CAPE SABLE LN
FT MYERS, FL 33908 US

FEI Number: 26-1612255

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, LORI E ESQ.
2320 FIRST STREET
FT MYERS, FL 33901 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: LORI MOORE

01/13/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MOORE, LORI
Address 2320 FIRST ST, SUITE 1000
City-State-Zip: FORT MYERS FL 33901

Title SECRETARY
Name BUHS, LORI
Address 3055 TAMIAMI TRAIL N
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name VANOVER, ERICA
Address 4851 TAMIAMI TRL N #201
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name SICOLA, MARIA
Address 12181 KELLY SANDS WAY
 1544
City-State-Zip: FT MYERS FL 33908

Title TREASURER
Name DAVIS, JANET
Address JANET DAVIS
 15215 CAPE SABLE LN
City-State-Zip: FT MYERS FL 33908

Title DIRECTOR
Name ROACH, JOANNE
Address 2590 NORTHBROOKE PLAZA DR, STE
 305
City-State-Zip: NAPLES FL 34119

Title DIRECTOR
Name DONNELLY, KIM
Address 4315 METRO PKWY
 150
City-State-Zip: FT MYERS FL 33916

Title DIRECTOR
Name CONROY, KRISTIN
Address 2210 VANDERBILT BEACH RD, STE
 1201
City-State-Zip: NAPLES FL 34109

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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: JANET DAVIS

TREASURER

01/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GABRIELSEN, BROOKE
Address	11866 METRO PKWY
City-State-Zip:	FT MYERS FL 33966