

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008873

Entity Name: CREW NAPLES - FT. MYERS, INC.**Current Principal Place of Business:**

C/O SUE CHRISTOPHER
CLIFTONLARSONALLEN LLP 4501 TAMIAMI TR, NORTH #200
NAPLES, FL 34103

Current Mailing Address:

C/O SUE CHRISTOPHER
CLIFTONLARSONALLEN LLP 4501 TAMIAMI TR, NORTH #200
NAPLES, FL 34103 US

FEI Number: 26-1612255**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

CACHON, JENNIFER A ESQ.
% CHEFFY PASSIDOMO, P.A
821 5TH AVE S
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: JENNIFER CACHON

01/20/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR
Name MCMANUS, CHRISTINE GONNERING
Address 3838 TAMIAMI TRL N STE 402
City-State-Zip: NAPLES FL 34103

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

Title PRESIDENT
Name CACHON, JENNIFER ESQ.
Address 821 5TH AVE S
City-State-Zip: NAPLES FL 34102

Title TREASURER
Name CHRISTOPHER, SUSAN
Address C/O CLIFTONLARSONALLEN LLP
4501 TAMIAMI TR, NORTH #200
City-State-Zip: NAPLES FL 34103

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

Title DIRECTOR
Name MONAHAN, BARBARA
Address 478 FIFTH AVENUE SOUTH
City-State-Zip: NAPLES FL 34102

Title SECRETARY
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: SUSAN CHRISTOPHER

TREASURER

01/20/2020

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