

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000008873

**FILED**  
**Feb 16, 2019**  
**Secretary of State**  
**1938504374CC**

**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

02/16/2019

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

Title DIRECTOR  
Name MCMANUS, CHRISTINE GONNERING  
Address 3838 TAMIAMI TRL N STE 402  
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 VANOVER, ERICA  
Address 4851 TAMIAMI TRL N #201  
City-State-Zip: NAPLES FL 34103

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

Title PRESIDENT  
Name CACHON, JENNIFER ESQ.  
Address 821 5TH AVE S  
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

02/16/2019

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