

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009193

Entity Name: SEMINOLE CLUB OF NAPLES, INC.**Current Principal Place of Business:**5633 NAPLES BLVD
NAPLES, FL 34109**Current Mailing Address:**PO BOX 111732
NAPLES, FL 34108 US**FEI Number:** 27-3584468**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TOTH, SCOTT
5633 NAPLES BLVD
NAPLES, FL 34109 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:** SCOTT J TOTH

04/09/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name AMY, WILHELMI
Address PO BOX 111732
City-State-Zip: NAPLES FL 34108

Title VP, DIRECTOR
Name HETRICK NASH, SEAN
Address PO BOX 111732
City-State-Zip: NAPLES FL 34108

Title DIRECTOR, SECRETARY
Name TOTH, SCOTT J
Address PO BOX 111732
City-State-Zip: NAPLES FL 34108

Title DIRECTOR, TREASURER
Name TOTH, JACK
Address PO BOX 111732
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name ZEPEDA, DOUGLAS
Address PO BOX 111732
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name KERRY , GARRETT
Address PO BOX 111732
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name PAUL, GONZALEZ
Address PO BOX 111732
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name EDWARDS, ROBERT
Address PO BOX 111732
City-State-Zip: NAPLES FL 34108

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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: SCOTT JOSEPH TOTH**SECRETARY**

04/09/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VELASQUEZ, JORGE
Address PO BOX 111732
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name NICOLE, LUNEKE
Address PO BOX 111732
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name MURRO, JERALD
Address PO BOX 111732
City-State-Zip: NAPLES FL 34109