2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2015
Secretary of State
CC8707600868

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Entity Name: SEMINOLE CLUB OF NAPLES, INC.

Current Principal Place of Business:

2210 VANDERBILT BEACH ROAD
SUITE #1201
NAPLES, FL 34109

Current Mailing Address:

2210 VANDERBILT BEACH ROAD
SUITE #1201
NAPLES, FL 34109 US

FEI Number: 27-3584468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DURANT, MICHAEL A
CONROY, CONROY & DURANT ,P.A.
2210 VANDERBILT BEACH ROAD
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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	MLINARICH, DEAN R
Address	POBOX 111732
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	BURMEISTER, KATHLEEN
Address	POBOX 111732
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR, SECRETARY
Name	ALTONY , LEE
Address	POBOX 111732
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	RASMUSSEN, JAY
Address	POBOX 111732
City-State-Zip:	NAPLES FL 34110

Title	TREASURER, DIRECTOR
Name	TOTH, SCOTT
Address	POBOX 111732
City-State-Zip:	NAPLES FL 34101

Title	VP, DIRECTOR
Name	ROOT, AMY
Address	POBOX 111732
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	CARNEY, ADAM
Address	POBOX 111732
City-State-Zip:	NAPLES FL 34110

Title	DIRECTOR
Name	STEPPLING, CARL
Address	POBOX 111732
City-State-Zip:	NAPLES FL 34110

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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: DEAN R MLINARICH PRESIDENT, DIRECTOR 01/24/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GONZALES, SAL
Address	POBOX 111732
City-State-Zip:	NAPLES FL 34110