

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007956

**Entity Name:** MARQUESA ISLES OF NAPLES, INC.**Current Principal Place of Business:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S SUITE 215  
NAPLES, FL 34104**Current Mailing Address:**C/O RESORT MANAGEMENT  
2685 HORSESHOE DR S SUITE 215  
NAPLES, FL 34104 US**FEI Number:** 82-2370225**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADAMCZYK, MARK ESQ.  
ADAMCZYK LAW FIRM  
10641 AIRPORT-PULLING ROAD N. SUITE 31  
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:** MARK ADAMCZYK

02/10/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	CLUFF, DAVID
Address	2685 HORSESHOE DR S SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	SECRETARY
Name	DEGROOT, TED
Address	2685 HORSESHOE DR S SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	VP
Name	DEERING, DAN
Address	2685 HORSESHOE DR S SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	TREASURER
Name	MCHUGH, ED
Address	2685 HORSESHOE DR S SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	MEMBER
Name	MCGHEE, ALISON
Address	2685 HORSESHOE DR S SUITE 215
City-State-Zip:	NAPLES FL 34104

*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:** DAVID CLUFF

PRESIDENT

02/10/2025

Electronic Signature of Signing Officer/Director Detail

Date