SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N22811** (6)

1. Corporation Name
MONTE CARLO CLUB ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% LAWRENCE C. STITES 3589 BAILES STREET BONITA SPRINGS FL 33923	% JAMES T SYGENDA 10686 GULFSHORE DR #206 NAPLES FL 33963 US

3. Date Incorporated or Qualified: 10/02/1987
3a. Date of Last Report: 03/16/1994
4. FEI Number: 65-0004038 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21: 10684 GULFSHORE DRIVE	26: 10684 GULFSHORE DRIVE
Suite, Apt. #, etc. 22: N/A	Suite, Apt. #, etc. 27: N/A
City & State 23: NAPLES, FLORIDA	City & State 28: NAPLES, FLORIDA
Zip 24: 33963 Country 25:	Zip 29: 33963 Country 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STITES, LAWRENCE C. 3589 BAILES STREET BONITA SPRINGS FL 33923	81 Name: CAROL E. GIRARDIN 82 Street Address (P.O. Box Number is Not Acceptable): BRIDGET T GIRARDIN, PA 83: 3033 RIVIERA DR. SUITE 103 84 City: NAPLES FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Carol E Girardin — 7-25-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	SPD ☒ Change ☐ Addition
NAME	SYGENDA, JAMES T	12 NAME	ROGER A EASTMAN
STREET ADDRESS	10686 GULFSHORE DR. #206	13 STREET ADDRESS	32 MEETING HOUSE SQUARE
CITY-ST-ZIP	NAPLES FL 33963	14 CITY-ST-ZIP	MIDDLETON MA 01949
TITLE	STD	21 TITLE	VTD ☒ Change ☐ Addition
NAME	EASTMAN, ROGER	22 NAME	DONALD R. KOMAN
STREET ADDRESS	16 TOPHET RD	23 STREET ADDRESS	10684 GULFSHORE DRIVE, 301-B
CITY-ST-ZIP	LYNFIELD MA	24 CITY-ST-ZIP	NAPLES, FL 33963
TITLE	VD	31 TITLE	VD ☐ Change ☒ Addition
NAME	HULL, ELIZABETH	32 NAME	HULL, ELIZABETH E.
STREET ADDRESS	10686 GULFSHORE DR	33 STREET ADDRESS	10686 GULFSHORE DRIVE, 302-A
CITY ST ZIP	NAPLES FL	34 CITY ST ZIP	NAPLES, FLORIDA 33963
TITLE	VD	41 TITLE	VD ☒ Change ☐ Addition
NAME	MABIE, EARL	42 NAME	ROBERT M. ALLIS
STREET ADDRESS	60 SHERWOOD DR.	43 STREET ADDRESS	10686 GULFSHORE DRIVE, 303-A
CITY ST ZIP	HOOKSETT NH 03106	44 CITY ST ZIP	NAPLES FLORIDA 33963
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	BEBBINGTON, JOHN	52 NAME	
STREET ADDRESS	330 TANGLE WOOD	53 STREET ADDRESS	
CITY ST ZIP	BAY VILLAGE OH 44140	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E008 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald R. Koman — DONALD R. KOMAN — 7/21/95 — 566-8062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016200