FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N22811 (6)

1. Corporation Name

MONTE CARLO CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~10684 GULFSWORE DRIVE~~ ~~3589 BAILES STREET~~ ~~NAPLES FL 33963~~ ~~US~~	~~10684 GULFSHORE DRIVE~~ ~~10686 GULFSHORE DR #206~~ ~~NAPLES FL 33963~~ ~~US~~

3. Date Incorporated or Qualified: 10/02/1987
3a. Date of Last Report: 07/28/1995

2. Principal Place of Business	2a. Mailing Address
21 *10684 GULFSHORE DRIVE*	26 *3033 RIVIERA DRIVE*
22 Suite, Apt. #, etc.	27 *SE. 103*
23 City & State: *NAPLES FLORIDA*	28 City & State: *NAPLES FLORIDA*
24 Zip: *33963* 25 Country: *USA*	29 Zip: *33940* 30 Country: *USA*

4. FEI Number: 65-0004038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GIRARDIN, CAROL E
BRIANT & GIRARDIN, PA
3033 RIVIERA DR. SUITE 103
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SPD	☐ DELETE	11 TITLE	☐ Change ☒ Addition
NAME	EASTMAN, ROGER A		12 NAME	
STREET ADDRESS	32 MEETING HOUSE SQUARE		13 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETON MA		14 CITY-ST-ZIP	ZIP: 01949
TITLE	VTD	☐ DELETE	21 TITLE	☐ Change ☒ Addition
NAME	KOMAN, DONALD R		22 NAME	
STREET ADDRESS	10684 GULFSHORE DRIVE, 301-B		23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		24 CITY-ST-ZIP	ZIP: 33963
TITLE	VD	☒ DELETE	31 TITLE	VD ☒ Change ☒ Addition
NAME	HULL, ELIZABETH		32 NAME	MABIE, EARL
STREET ADDRESS	10686 GULFSHORE DR		33 STREET ADDRESS	60 SHERWOOD DRIVE
CITY-ST-ZIP	NAPLES FL		34 CITY-ST-ZIP	HOOKSETT, N.H 03106
TITLE	VD	☐ DELETE	41 TITLE	☐ Change ☒ Addition
NAME	ELLIS, ROBERT M		42 NAME	
STREET ADDRESS	10686 GULFSHORE DRIVE, 303-A		43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		44 CITY-ST-ZIP	ZIP 33963
TITLE	VD	☐ DELETE	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	VD	☒ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	HULL, ELIZABETH F		62 NAME	
STREET ADDRESS	10686 GULFSHORE DRIVE, 302-A		63 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		64 CITY-ST-ZIP	

CR2E037 (12/95)

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* *1/29/96* *941-566-8062*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #