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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 GULFSHORE DR NAPLES FL 33963 US	3033 RIVIERA DR SE #103 NAPLES FL 34103-2746 US

3. Date Incorporated or Qualified: 10/02/1987
3a. Date of Last Report: 02/19/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 34108
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

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 34103

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: N/A
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	SPD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	EASTMAN, ROGER A		1.2 NAME	
STREET ADDRESS	32 MEETING HOUSE SQUARE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETON MA		1.4 CITY-ST-ZIP	01949
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	KOMAN, DONALD R		2.2 NAME	
STREET ADDRESS	10684 GULFSHORE DRIVE, 301-B		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	34108
TITLE	VD	☒ DELETE	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	MABIE, EARL		3.2 NAME	DUNLAP, JOHN A. JR.
STREET ADDRESS	60 SHERWOOD DR		3.3 STREET ADDRESS	10686 GULFSHORE DRIVE, 306-A
CITY-ST-ZIP	HOOKSETT NH		3.4 CITY-ST-ZIP	NAPLES FLORIDA 34108
TITLE	VD	☒ DELETE	4.1 TITLE	VD ☒ Change ☐ Addition
NAME	ELLIS, ROBERT M		4.2 NAME	HARRISON, EUGENE H
STREET ADDRESS	10686 GULFSHORE DRIVE, 303-A		4.3 STREET ADDRESS	10686 GULFSHORE DRIVE, 105-A
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES, FLORIDA 34108
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BEBBINGTON, JOHN		5.2 NAME	
STREET ADDRESS	330 TANGLE WOOD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BAY VILLAGE OH 44140		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/18/97 941-566-8062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #