## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

N95000005513 (5)

DARTMOUTH CLUB OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address					)	
821 5TH AVE S SUITE 201         821 5TH AVE S           NAPLES FL 33940         NAPLES FL 34			E S SUITE 201 34102-6617			
					3. Date Incorporated or Qualified 11/10/1995	3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2e. Mailing Address		4. FEI Number 65-0659596	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	<del></del>		Countr	ý	<ol> <li>This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No</li> </ol>	
( <del></del>	9. Name and Address of Curre	nt Registered Agent	11		10. Name and Address of New Re-	gistered Agent
			81	Name		
KEHOE, JOHN D 821 5TH AVE S SUITE 201			82	Street A	et Address (P.O. Box Number is Not Acceptable)	
NAPLES FL 33940						
			84	City		FL 85 Zip Code
office or re agent. Fai SIGNATURE	egistered agent, or both, in the Stati m familiar with, and accept the oblic	e of Florida Such change was gations of, Section 617.0503, F	authorized b	v the corpo	orporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing its registered
	Signature, typed or printed name of registered as			ent signature re	equired when reinstating)	DATE
12.		DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	D/P	☐ DECEIE	1.1 TITLE			☐ Change ☐ Addition
NAME Street address	BATCHELDER, JOSEPH ss 1680 CRAYTON ROAD		1.2 NAME	1 4000000		
CITY-ST-ZIP	114 G1 WB TV 444 B4 B4		1.3 SINCE	1 ADDRESS		
TITLE			2.1 TITLE	51-ZIF		☐ Change ☐ Addition
NAME	The state of the s		2.2 NAME			5
STREET ADDRESS			2.3 S1REE	1 ADDRESS		
CITY-ST-ZIP	NAPLES FL 33963		2. 4 CITY-	2. 4 CITY-ST- ZIP		
TITLE	DST	DELETE	3.1 TITLE			Change Addition
NAME	WILSON, ROBERT L		3.2 NAME			
STREET ADDRESS		NAPLES FL 33963 3.4.		1 ADDRESS	201 Meadowlack Count marco Island, PL 34145'-3819	
CITY-ST-ZIP	NAPLES FL 33963			ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	}	•	Change Addition
NAME PARKET ADDRESS			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY- 5.1 TITLE	51 - ZIP		Change Addition
NAME		hand social to	5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE	C. Zn		Change Addition
NAME			6.2 NAME			

6.4 CITY - ST - ZIP 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.

6.3 STREET ADDRESS

**FILED** 

Jan 30 1997 8:00am

Secretary of State

IN LEADERING I BARF (DATA), OFFICER DATARA BARRIA DO TIF BARRER BARRAL ON DR. DERDE RANDO TITO 1806