

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005513

FILED  
Apr 29, 2008  
Secretary of State

**Entity Name:** DARTMOUTH CLUB OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

821 5TH AVE S SUITE 201  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

821 5TH AVE S SUITE 201  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 65-0659596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KEHOE, JOHN D  
821 5TH AVE S SUITE 201  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: BATCHELDER, JOSEPH,  
Address: 1680 CRAYTON ROAD  
City-St-Zip: NAPLES, FL 341025126

Title: DST ( ) Delete  
Name: WILSON, ROBERT L  
Address: 201 MEADOWLARK COURT  
City-St-Zip: MARCO ISLAND, FL 341453819

Title: DV ( ) Delete  
Name: DION, PAUL  
Address: 23837 CUPEK BRANCH  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DV (X) Delete  
Name: MOORE, MICHAEL D  
Address: 622 93RD AVENUE NORTH  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/P (X) Change ( ) Addition  
Name: BATCHELDER, JOSEPH L  
Address: 626 PALM CIRCLE WEST  
City-St-Zip: NAPLES, FL 34102

Title: DST (X) Change ( ) Addition  
Name: WILSON, ROBERT L  
Address: 201 MEADOWLARK COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: DV (X) Change ( ) Addition  
Name: MOORE, MICHAEL D  
Address: 622 93RD AVENUE NORTH  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT L. WILSON

DST

04/29/2008

Electronic Signature of Signing Officer or Director

Date