### above, or on an attachment with all other like empowered. SIGNATURE: ROBERT L. WILSON

#### \_\_\_\_\_

Electronic Signature of Signing Officer/Director Detail

# 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N95000005513

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

# Current Principal Place of Business:

821 5TH AVE S SUITE 201 NAPLES, FL 34102

## **Current Mailing Address:**

821 5TH AVE S SUITE 201 NAPLES, FL 34102

### FEI Number: 65-0659596

### Name and Address of Current Registered Agent:

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

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

#### **Officer/Director Detail :**

	Title	D/P	Title	DST
	Name	BATCHELDER, JOSEPH L	Name	WILSON, ROBERT L
	Address	713 12TH ST. N .	Address	201 MEADOWLARK COURT
	City-State-Zip:	NAPLES FL 34102	City-State-Zip:	MARCO ISLAND FL 34145
	Title	DV	Title	VP
	Name	PAUL, G. RICHARD MD	Name	KEREM, DAVID
	Address	7225 PELICAN BAY BOULEVARD APT. 404	Address	NORTHERN TRUST BUILDING 4001 TAMIAMI TRAIL NORTH SUITE
	City-State-Zip:	NAPLES FL 34108	City-State-Zip:	300 NAPLES FL 34103
	Title	VP		
	Name	MOORE, MICHAEL D.		
	Address	9225 GULFSHORE DRIVE N.		
	City-State-Zip:	NAPLES FL 34108		

I hereby 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

TREASURER

Certificate of Status Desired: Yes

## FILED Apr 28, 2019 Secretary of State 1940417117CC

04/28/2019 Date

Date