

**2018 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

**Certificate of Status Desired:** Yes

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D/P  
Name BATCHELDER, JOSEPH L  
Address 713 12TH ST. N .  
City-State-Zip: NAPLES FL 34102

Title DST  
Name WILSON, ROBERT L  
Address 201 MEADOWLARK COURT  
City-State-Zip: MARCO ISLAND FL 34145

Title DV  
Name PAUL, G. RICHARD MD  
Address 7225 PELICAN BAY BOULEVARD APT.  
404  
City-State-Zip: NAPLES FL 34108

Title VP  
Name KEREM, DAVID  
Address NORTHERN TRUST BUILDING  
4001 TAMIAMI TRAIL NORTH SUITE  
300  
City-State-Zip: 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT L. WILSON

**DST**

**03/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date