

**2020 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	C/O ROBERT WILSON 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	MOORE, MICHAEL D.
Address	9225 GULF SHORE DRIVE N.
City-State-Zip:	NAPLES FL 34108

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

Title	VP
Name	KEREM, DAVID
Address	3606 ENTERPRISE AVENUE SUITE 346
City-State-Zip:	NAPLES FL 34104

Title	D/S
Name	VAN GENDEREN, ROBERT
Address	927 DOLPHIN DRIVE
City-State-Zip:	CAPE CORAL FL 33904

*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

D/T

05/01/2020

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