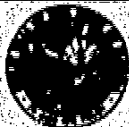


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716504 (6)

1. Corporation Name

MARTINIQUE CLUB OF NAPLES, INC.

**APPROVED
AND
FILED**

95 MAY -1 PM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**3003 GULF SHORE BLVD N.
NAPLES FL 33940**

**3003 GULF SHORE BLVD N.
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1969

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1374818

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JODER, MAJORIE J.
3003 TAMMAM TRAIL N.
SUITE 120
33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**c/o Accounting & Tax Associates of Naples, Inc.
802 Anchor Rode Drive**

84 City

Naples

FL

85 Zip Code

33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DURAKIS, CHARLES A.
STREET ADDRESS	68 BAY BERRY
CITY - ST - ZIP	WESTPORT CT
TITLE	DVPT
NAME	KNORR, EDWARD
STREET ADDRESS	3003 GULF SHORE BLVD. N.
CITY - ST - ZIP	NAPLES FL
TITLE	DS
NAME	JONES, ROBERT A
STREET ADDRESS	1408 KIRKWAY
CITY - ST - ZIP	BLOOMFIELD HILLS MI
TITLE	D
NAME	WALTRIP, DONNA
STREET ADDRESS	3003 GULF SHORE BLVD., NORTH
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	HANNAH, WILLIAM C
STREET ADDRESS	4501 NO WHEELING
CITY - ST - ZIP	MUNCIE IN
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	D
5.3 STREET ADDRESS	Carl Smith
5.4 CITY - ST - ZIP	3003 Gulf Shore Boulevard North, Apt. #801
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	Naples, FL 33940

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Edward J. Knorr

(Edward J. Knorr)

4/29/95

(813) 292-1874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number