FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **716504** **(6)**

1. Corporation Name
MARTINIQUE CLUB OF NAPLES, INC.

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. FEI Number: **59-1374818** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JODER, MAJORIE J. 3003 TAMIAMI 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. 83: 802 Anchor Rode Drive 84 City: Naples **FL** 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	DURAKIS, CHARLES A.	1.2 NAME	
STREET ADDRESS	66 BAY BERRY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	1.4 CITY-ST-ZIP	
TITLE	DVPT	2.1 TITLE	☐ Change ☐ Addition
NAME	KNORR, EDWARD	2.2 NAME	
STREET ADDRESS	3003 GULF SHORE BLVD. N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, ROBERT A	3.2 NAME	
STREET ADDRESS	1408 KIRKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WALTRIP, DONNA	4.2 NAME	
STREET ADDRESS	3003 GULF SHORE BLVD., NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	HANNAH, WILLIAM C	5.2 NAME	Carl Smith
STREET ADDRESS	4501 NO WHEELING	5.3 STREET ADDRESS	3003 Gulf Shore Boulevard North, Apt. #801
CITY-ST-ZIP	MUNCIE IN	5.4 CITY-ST-ZIP	Naples, FL 33940
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(i), 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 — Daytime Phone #

0018888