

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 716504

1. Corporation Name

MARTINIQUE CLUB OF NAPLES, INC.

Principal Place of Business

Mailing Address

**3003 Gulf Shore Boulevard North
Naples, FL 33940**

**3003 Gulf Shore Boulevard North
Naples, FL 33940**

3. Date Incorporated or Qualified

05/06/1969

3a. Date of Last Report

04/29/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 % Accounting & Tax Associates

4. FEI Number

59-1374818

Applied For

Not Applicable

22 City & State

27 802 Anchor Rode Drive

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 Naples, FL

Zip

Country

24 33940-2739

25

29 33940-2739

30 Collier

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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, MARJORIE J.
% Accounting & Tax Associates of Naples, Inc.
802 Anchor Rode Drive
Naples, FL 33940-2739**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D/P
STREET ADDRESS JONES, ROBERT A.
CITY-ST-ZIP 14 Inwoods Circle
Bloomfield Hills, MI 48302

TITLE ☐ DELETE
NAME D/VP/T
STREET ADDRESS KNORR, EDWARD J.
CITY-ST-ZIP 3003 Gulf Shore Boulevard North
Naples, FL 33940

TITLE ☐ DELETE
NAME D/S
STREET ADDRESS KIZER, PETER
CITY-ST-ZIP 33000 Covington Club Drive, A-77
Farmington Hills, MI 48334

TITLE ☐ DELETE
NAME BARNES, JUDY
STREET ADDRESS 1001 North Oakden
CITY-ST-ZIP Muncie, IN 47304

TITLE ☐ DELETE
NAME D
STREET ADDRESS SMITH, CARL
CITY-ST-ZIP 3003 Gulf Shore Boulevard North
Naples, FL 33940

TITLE ☐ DELETE
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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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, V.P./T

4/29/96

(941)261-7273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

5-19-96 OK